



# Straight Arrow Clubs & Camps, Inc.

90006 Preston Bend Rd, Pottsboro, Texas 75076  
(469) 951-1758 email—jan@straightarrowcamp.org  
www.straightarrowcamp.org

## 2018

## Camp Registration - Part 1

Please Complete in Ink—Both Part 1 and Part 2

Tribe \_\_\_\_\_

Attending:  Senior Boys  Senior Girls  Junior Boys  Junior Girls

Bank \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Contact email address: \_\_\_\_\_

Grade/Next Year: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Total Years Camped, including this year: \_\_\_\_\_ This is Campers 9th year, (War Bonnet)  Yes

Name of Parent(s)/Guardian(s) with whom child is living: \_\_\_\_\_

Father/Step-Father Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother/Set-Mother Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Fees: \$275—Includes T-Shirt (please check size) and Tribe Picture

Entire Camp Fee (\$275)  2nd Child (\$250)  3rd Child (\$235)

Check one: T-Shirt Size: Yth/Small  Yth/Medium  Yth/Large   
Adt/Small  Adt/Medium  Adt/Large

Registration Fee only (\$75)

Balance Due: \_\_\_\_\_

Make Checks Payable to Straight Arrow Camp or through Paypal from website

Send Checks to: 90006 Preston Bend Rd, Pottsboro, Texas 75076

#### For Office Use Only:

Amt Pd \$ \_\_\_\_\_

Ck# \_\_\_\_\_

Date: \_\_\_\_\_

Amt Pd # \_\_\_\_\_

Ck #: \_\_\_\_\_

Date: \_\_\_\_\_

I will be picking my child up on Saturday. Yes  No

My child will be riding with \_\_\_\_\_

By my signature and of my free will, I do hereby agree to indemnify and save harmless the Straight Arrow Clubs & Camps, Inc. and their representatives from any and all claims or demands, costs or expenses arising out of injuries, damages, or losses, whether personal or property, sustained by my or any party to whom I am responsible.

I authorize Straight Arrow Clubs and Camps, Inc. the use of my child's photograph(s) in Camp publications and/or website. Yes  No

\_\_\_\_\_  
Signature of Parent or Legal Guardian

## 2018

### Straight Arrow Camp Information for Counselors

Tribe: \_\_\_\_\_

Banked \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

List any physical restrictions: \_\_\_\_\_

Please give any information that you would like for your camper's counselor to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Straight Arrow Camp

90006 Preston Bend Rd, Pottsboro, Texas 75076  
(469) 951-1758 email—jan@straightarrowcamp.org

## Camp Registration—Part 2 Medical Information

Tribe: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Campers must carry medical insurance and/or be responsible for medical expenses in case of an emergency**

**Insurance Information:** Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**In Case of Emergency, (other than parent)**

Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

List any allergies or other physical restrictions or health issues below (e.g. diabetes, seizures, asthma, emotional disorders, etc)

---

---

---

Is Camper taking any medications? Yes  No

If yes, please list the medication, dosage to administer, and time to be administered each day.

---

---

---

**I authorize Camp Personnel to administer the following medication to my camper, as needed.**

Acetaminophen (Tylenol)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ibuprofen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Benadryl (Allergy med)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cough drops/syrup	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**All medicine must be turned in during registration and will be administered by an authorized Camp personnel at the appropriate time. All medication will be stores in the Main Lodge (Hogan) in a locked cabinet at all times.**

**Please be sure all medication is clearly marked with the camper's name and dosage to be given.**

**Dates of Last Immunizations/Boosters:** DPT \_\_\_\_\_ MMR \_\_\_\_\_ Varicella \_\_\_\_\_

**In case of an emergency, a representative of Straight Arrow Clubs and Camps, Inc. will seek the assistance of a qualified doctor, dentist, or emergency personnel, at your expense. Please sign to indicate your acceptance of this policy.**

*The undersigned as the parent/guardian(s) of \_\_\_\_\_ do hereby consent to any and all medical/surgical treatment, anesthesia, or operations, which may be deemed advisable by any qualified doctor. The intention hereof is to grant authority to administer and to perform singularly any examinations, treatment, anesthetics, operations and diagnostic procedures that may be now, during the course of the patient's care, deemed advisable or necessary by any qualified medical doctor.*

*I further agree to hold Straight Arrow Clubs & Camps, Inc. and their representatives harmless for any liability to my child because of any claims on behalf of my child against the agents because of any injury or alleged injury to my child resulting from negligence of others. If legal action should, for any reason, be taken against these agents, on behalf of my child, and the agents not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs they may incur to defend itself against such action.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Name of Parent or Legal Guardian