



Straight Arrow Clubs & Camps, Inc.

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

2020

Camp Registration - Part 1

Please Complete in Ink—Both Part 1 and Part 2

Attending: Senior Boys Senior Girls Junior Boys Junior Girls

Tribe _____

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: \$350—Includes T-Shirt (please check size) and Tribe Picture

Entire Camp Fee (\$350) 2nd Child (\$325) 3rd Child (\$300)

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

Registration Fee only (\$100)

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

2020

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

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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