

Registration Form

Name: _____

Age: _____ Grade: _____ Gender: _____

Address: _____

Church: _____ Pastor: _____

Parent/Guardian: _____

Home Phone: _____ Work: _____

With the understanding that while attending Orton Ranch, I/we may be involved in sports and other traditional camp activities and with the understanding of the risks and dangers involved in such activities, I/we do hereby release Orton Ranch, its employees, agents, and camp staff from any and all claims, demands, actions, or causes of actions of any sort or injuries sustained during the period covered by this release whether such an injury occurs on or off the camp property. I/we have instructed my/our son/daughter to obey the rules of Orton Ranch and hereby give permission for medical treatment which may be needed for their welfare.

Parent/guardian signature

Print full name of parent/guardian

Date

Camper's signature

Date

What to Pack

A checklist to help prepare

- | | |
|---|---|
| <input type="checkbox"/> Backpack | <input type="checkbox"/> Bible |
| <input type="checkbox"/> Small pack (for hikes) | <input type="checkbox"/> Rain jacket |
| <input type="checkbox"/> Sleeping bag | <input type="checkbox"/> Toothbrush/deodorant |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Towel and washcloth |
| <input type="checkbox"/> Two pairs of pants | <input type="checkbox"/> Soap and shampoo |
| <input type="checkbox"/> Three shirts | <input type="checkbox"/> Flashlight (including extra batteries) |
| <input type="checkbox"/> Extra socks | <input type="checkbox"/> Camera (optional) |
| <input type="checkbox"/> Extra undergarments | <input type="checkbox"/> 2 plastic bags for wet gear |
| <input type="checkbox"/> Mud boots (optional) | <input type="checkbox"/> Fishing gear (optional) |
| <input type="checkbox"/> Shoes (for swimming) | <input type="checkbox"/> Notebook and pencils |
| <input type="checkbox"/> Shoes (dry for camp) | <input type="checkbox"/> Hat (optional) |
| <input type="checkbox"/> Life jacket (for swimming) | <input type="checkbox"/> Prescription medicine |
| <input type="checkbox"/> Swimming clothes | <input type="checkbox"/> Bug spray |

Because it may be raining, please bring TWO plastic garbage bags to cover your gear in and out.

IMPORTANT

Due to potential problems, please do not bring any electric music players or games, hair dryers, curling irons, large sums of money, expensive jewelry, or other items that are not easily replaced if lost or damaged. Remember that you must carry everything you bring all the way to Orton Ranch.

If your child does not return home with everything, contact First Baptist Church.

First Baptist of Ketchikan

1905 First Avenue
Ketchikan, AK 99901
(907) 225-3588
www.fbc-ketchikan.org

ORTON RANCH

2011 Children's Camp

(Grades 3 - 6)

June 27-30



Orton Ranch Children's Camp

We look forward to seeing your camper!

Please detach and mail (or deliver) payment to:

First Baptist of Ketchikan
1905 First Avenue
Ketchikan, AK 99901

The adventure begins here

It is my great pleasure to invite your child to come to the 50th year of camping at Orton Ranch. This beautiful camp, located on the Naha River, has provided a safe and enjoyable wilderness camping experience for thousands of people from Southeast Alaska and beyond. Campers are treated to a time of fun-filled activities and recreation, supervised by a trained staff. A camp medic is available at all times, and every attempt has been made to make camp as fun and safe as possible.



Orton Ranch celebrates 50 years of safe, fun Christian camping!

We need to know your plans to send your child to Orton Ranch as soon as possible. Please make sure you fill out both the registration form and medical release, and drop them by or mail them to First Baptist Church (see back for address). Your registration and payment need to be received by the church as soon as possible,

It is not our desire for any child to stay at home because of finances. Some scholarship funds are available, and if you need help, let us know. We will do everything we can so your child can attend.

You can contact me at 617-4201 or email: pastor@ortonranch.org

Departure and Return Times Knudson Cove (Departure Site)

Leave: Monday, June 27, 12:00 p.m.
Return: Thursday, June 30, 3:00 p.m.

2011 Orton Ranch

Children's Camp features exciting Bible study along with the fun of camp. They will be learning about God and His Word, spending time recreating, singing, and of course, swimming!

Cost of camp is \$100 if you turn in your registration form by June 1st and \$125 after this date., which includes transportation from Knudson Cove Marina to Orton Ranch and back, food, housing, camp fee, equipment for games and the camp medic.



Medical Release Form

Name	Age	
Address		
City	State	Zip
Emergency Contact		Relationship
Phone		
Family physician		Phone

<p>Immunizations</p> <p><input type="checkbox"/> Tetanus</p> <p><input type="checkbox"/> Polio booster</p> <p><input type="checkbox"/> Measles</p> <p><input type="checkbox"/> Mumps</p>	<p>Medical History</p> <p><input type="checkbox"/> Bronchitis</p> <p><input type="checkbox"/> Kidney trouble</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Heart illness</p> <p><input type="checkbox"/> Dizziness</p>
<p>Childhood diseases</p> <p><input type="checkbox"/> Chickenpox</p> <p><input type="checkbox"/> Measles</p> <p><input type="checkbox"/> Mumps</p> <p><input type="checkbox"/> Whooping Cough</p> <p><input type="checkbox"/> Other (Please list)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Stomach upset</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Sinusitis</p> <p><input type="checkbox"/> Hay Fever</p> <p><input type="checkbox"/> Other (Please list)</p> <p>_____</p> <p>_____</p>

Allergies

Food: _____

Penicillin or other drug (please name): _____

Insect stings / bites: _____

Previous operations or serious illness: _____

Current Medication (please list): _____

Special diet (name): _____

Permission for Treatment

My permission is granted for the Camp Director, Assistant Director or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct.

Date this ____ day of _____, 2009

Signature