



Please fill out form completely and legibly. Mail to:  
 Eagle Fern Camp, 37700 SE Camp Rd., Estacada, OR 97023,  
 Or you can fax it to us at: (503) 630-3356.  
 Office phone: (503) 630-4978

Each camper must submit a separate registration form.

In order to reserve a space for your camper, we must receive both a registration form and a \$40 non-refundable deposit. Full payment is due two weeks prior to the start of camp attending. Payments & registrations received after that date will be assessed at \$10 late fee.

### Camper Information

Camper's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Grade in Fall \_\_\_\_  
 School \_\_\_\_\_  
 Camper Email (if applicable) \_\_\_\_\_  
 Camper Cell Phone (if applicable) \_\_\_\_\_  
 Church Camper Attends \_\_\_\_\_

### Parent / Guardian Information

Parent/Guardian Names \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Phone Mother's Cell Phone  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Work Phone Father's Cell Phone  
 Relationship/s to Camper \_\_\_\_\_  
 Parent/Guardian Email \_\_\_\_\_  
 Church Parents Attend \_\_\_\_\_

### Secondary Guardian Information (if applicable)

If there is a dual custody/guardianship situation, please list the camper's secondary guardian information below.  
 Secondary Gaurdian's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Phone Cell Phone  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Work Phone Second Work /Cell Phone

### Alternate Emergency Contact Information

If an emergency occurs, we will first try to contact a parent or guardian. In case this is not possible please list a responsible adult (relative, neighbor, friend etc.) who is not already on this form.  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Phone Cell Phone  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Work Phone Second Work /Cell Phone

### Camper Registration

First Time Eagle Fern Camper  Returning Eagle Fern Camper  
 Cabin Buddy (one only) \_\_\_\_\_

### Alternate Authorized Pickup Person(s)

List below those, other than the listed parent(s)/guardian(s), who have permission to transport camper. Please also specify if the camper has permission to drive him/her self (High School Camp Only).  
 1. \_\_\_\_\_ Relationship \_\_\_\_\_  
 2. \_\_\_\_\_ Relationship \_\_\_\_\_  
 3. \_\_\_\_\_ Relationship \_\_\_\_\_

Camps are divided by grade camper will be entering in the fall.

<b>HiAdventure Camp</b> Grades 9-13	July 5 - July 9	\$260	
<b>Day Camp</b> Grades 1-3	July 6 - July 9	\$98	
Day Camp Bus (Optional)		\$35	
Please check bus location <input type="checkbox"/> Spring Mountain <input type="checkbox"/> Eastgate <input type="checkbox"/> Good Shepherd			
<b>Intermediate Camp</b> Grades 3-4	July 11-16	\$211	
<b>Girls Camp</b> Grades 5-6	July 18 - 24	\$216	
Girls Horse Elective (Optional)		\$52	
<b>High School Camp</b> Grades 9-13	July 25 - 31	\$232	
<b>Jr. High Girls Camp</b> Grades 7-9	August 1 - 7	\$221	
Jr. Hi Girls Horse Elective (Optional)		\$52	
<b>Jr. High Boys Camp-</b> Grades 7-9	August 8 - 14	\$221	
<b>Boys Camp</b> Grades 5-6	August 15 - 21	\$216	
<b>Girls Horse Camp I</b> Grades 9-12	July 5 - 8	\$235	
<b>Girls Horse Camp II</b> Grades 6-8	July 11 - 14	\$220	
<b>Girls Horse Camp III</b> Grades 5-6	August 8 - 11	\$220	
<b>Girls Horse Camp IV</b> Grades 5-7	August 15 - 18	\$220	
<b>Late Fee</b> (If registering for a camp less than 2 weeks away)		\$10	
<b>Discounts:</b>			
<b>Total Amount Enclosed</b>			
We must receive this form, a deposit of \$40, plus any extra fees ( bus, horse elective or late registration) in order to reserve your place at camp.			

- I am enclosing a check or money order. (Please write name of camper on check.)
- Please charge amount indicated to my:  Visa  MasterCard
- Charge amount indicated now and the remaining balance 2 weeks prior to camp.

Expires \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_  
 Cardholder's Signature \_\_\_\_\_  
 Card Billing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 (if other than your street address)  
 Please check here if you would like to receive a scholarship application

### For Office Use Only

- EFC Campership \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Church Scholarship \_\_\_\_\_ Amount \$ \_\_\_\_\_
- PREP Campership \_\_\_\_\_ Amount \$ \_\_\_\_\_

# Eagle Fern Camp

## Camper Health Information

### Health History

Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please describe on separate paper and attach to this form.

Date of last Tetanus booster \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Physician & Insurance Information

Camper's Name \_\_\_\_\_  
 Parent's Names \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Health Insurance Provider \_\_\_\_\_  
 Group ID # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

#### Please check and explain all that apply:

- ADD/ADHD                       Asthma                       Heart Problems  
 Tubes In Ears                 Sleep Walking             Bed Wetting  
 Diabetes                         Severe reactions to food, bee stings, etc.

Explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any restriction of activity due to disability or for medical reasons?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Does this camper have allergies?  Yes  No If yes, please specify \_\_\_\_\_  
 \_\_\_\_\_

Any special diet needs? (diabetic, food allergies, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Any other medical conditions of which the camp staff should be aware? If so, please explain \_\_\_\_\_  
 \_\_\_\_\_

### Prescription Medications

If your child requires prescription medication for a current condition, the following procedure must be observed to insure safe and legal administration:

- **Prescription medication must be in its original container with an accurate pharmacy label indicating camper's name, medical provider, dose and timing.**
- If the directions on the container are different from what the physician is currently prescribing, written instruction from the physician is necessary.
- Place all necessary medication in a zip lock bag labeled with child's name. Give it to the camp nurse at time of registration.

Med _____	Med _____
Condition _____	Condition _____
Instructions _____	Instructions _____
Med _____	Med _____
Condition _____	Condition _____
Instructions _____	Instructions _____

### EFC No Lice/No Nits Policy

Because head lice are prevalent in our communities, parents are asked to check the camper's hair for evidence of lice and/or nits one week before camp begins to allow adequate time for treatment if necessary. Please confirm the absence of lice/nits the day your child comes to camp. Camp personnel will screen campers for head lice as they arrive. Eagle Fern Camp maintains a strict "No Lice/No Nits" policy. Any camper with evidence of lice at registration will not be admitted to camp.

### Medications Release ♦ Emergency Medical & Liability Release ♦ Photo Release

EFC stocks over-the-counter medications to aid your child for health problems that may arise. The following medications are stocked and dispensed as deemed necessary (per the standing orders of the camp physician) by the camp nurse: acetaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antiseptic solution, antibiotic ointment, anti-itch cream, ipecac, aloe, eyewash, sunscreen and insect repellent.

Emergency Rescue meds such as Epi-Pen, Glucose, and Albuterol nebulizer are available for the nurse in the event of anaphylactic reaction, diabetic emergency, or for asthmatics.

If there are any over-the-counter medications that your child cannot take, please list here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I authorize the Eagle Fern Camp medical staff to assist my child with the listed medications he/she will be bringing as indicated by written directions of the prescriber. I further authorize the camp's staff to dispense over the counter medication except exclusions I have listed above. I understand that health care provided by EFC nurses is done so with minimal or no compensation. They may be held liable for injury, death or loss arising out of providing these services only for acts of gross negligence.

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities including (but not limited to): swimming, boating, archery, BB guns, water-skiing and challenge course activities. I understand that Eagle Fern Camp has taken safety measures, including having certified staff in first aid, CPR and water safety. As well as making every effort to aid the safety of all camp participants. However, I also recognize that Eagle Fern Camp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child about the importance of knowing and abiding by the camp rules and regulations and release Eagle Fern Camp from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Eagle Fern Camp.

In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied to have a set available for transportation records and for the Eagle Fern Camp office.

I also give permission for images of myself/my child, captured during regular and special camping activities through video, photo and digital camera, to be used solely for the purposes of Eagle Fern Camp promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Participant Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if under age 18) (if over age 18)