



Summer Camp Registration

eaglefern

Please fill out form completely and legibly with black ink.
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 a \$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 Father's Cell Phone
(____) _____ (____) _____
Work Phone Mother'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 Request (choose only one) _____

Alternate Authorized Pickup Person(s) (list only three)

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.

HiAdventure Camp Grades 9-13	Jul 1 - 6	\$280	
Day Camp Grades 1-3	Jul 2 - 6	\$98	
Day Camp Bus (Optional)		\$35	
Please check bus location: <input type="checkbox"/> Spring Mountain <input type="checkbox"/> Good Shepherd <input type="checkbox"/> Eastgate			
Intermediate Camp Grades 3-4	Jul 8-13	\$211	
Creation Adventure Camp Grades 9-13	Jul 15 - 20	\$260	
Girls Camp Grades 5-6	Jul 15 - 21	\$216	
High School Camp Grades 10-13	Jul 22 - 28	\$232	
Jr. High Girls Camp Grades 7-9	Jul 29 - Aug 4	\$221	
Horse Elective - Mini Camp (Optional)		\$40	
Jr. High Boys Camp Grades 7-9	Aug 5 - 11	\$221	
Boys Camp Grades 5-6	Aug 12 - 18	\$216	
Girls Horse Camp I Grades 5-6	Jul 29 - Aug 2	\$270	
Girls Horse Camp II Grades 6-7	Aug 5 - 9	\$270	
Girls Horse Camp III Grades 7-9	Aug 12 - 16	\$270	
Late Fee (If registering for a camp less than 2 weeks away)		\$10	
Discounts:			
Total Payment Enclosed			
We must receive this form, a deposit of \$40, plus any extra fees (bus, horse elective, and/or late registration fees) 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.



Name on Card _____ Expires ____/____
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

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:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Fainting/Convulsions | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Tubes In Ears | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Severe reactions to food, bee stings, etc. Explanation _____ | | |

If serious medical conditions are indicated above, or participation restrictions due to medical conditions are necessary, physician approval and/or written explanation may be required. If so, please explain: _____

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

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

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 _____

Participation Exclusion

List activities you do not wish your child to participate in due to medical conditions or other reason: _____

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 information recorded on this form is complete and correct as far as I know, and the person described above has permission to engage in all camp activities, both on-campus and off-campus, except as noted in the Participation Exclusions section. 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 from participation in camp activities including (but not limited to): swimming, archery, BB guns, water-skiing, boating, challenge course, airsoft, and horse program activities. I understand that Eagle Fern Camp has taken safety measures, including having certified staff in first aid, CPR, water safety, challenge course, and horse programs, 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. I voluntarily waive any claim against Eagle Fern Camp, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with camp activities.

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)