

# Registration



Name \_\_\_\_\_  
 (if registering with son, please attach his completed registration form)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Church Attending \_\_\_\_\_

Saturday Activities: (check if you plan to participate)

- Golf     Ropes Course     Gun Range

# Payment



- I am enclosing a check or money order for \$65.00 (single)
- I am enclosing a check or money order for \$95.00 (Father/"Son")  
 (Download an additional registration form at [www.eagleferncamp.com](http://www.eagleferncamp.com))
- \$15.00 Greens Fee
- \$10.00 late fee if registering after April 27<sup>th</sup>.
- Please charge \$ \_\_\_\_\_ to my:  Visa     MasterCard

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Name on Card \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 (if other than address listed above)

Eagle Fern Camp is a Christ-centered, evangelical non-profit camping ministry. We believe that Jesus Christ is the "visible image of the invisible God" and that in Him all deity dwells in bodily form. We believe that all scripture is inspired by God and is our final authority for life and faith. We believe that salvation comes through faith in Christ alone. In everything we do, our purpose is to glorify Christ and honor His word.

# Release Section



The information recorded on this form is complete and correct as far as I know, and the person described on this registration 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 challenge course 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 of 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 registrant included on the form. 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. I also understand that by providing my e-mail address and cell phone number I will be included in text and e-mail lists for marketing purposes. We will never provide your contact information to any other organization for marketing purposes.

I have read the Camper Special Diets Policy at [www.eagleferncamp.com/documents/allergies](http://www.eagleferncamp.com/documents/allergies) and 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 food prepared during myself/my child's stay at Eagle Fern Camp.

I authorize the camp's staff to dispense over the counter medications except exclusions I have listed below.

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

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

# Health Info



If there are any over-the-counter medications that you cannot take, please list them here:

Please note any food-related allergies or special diet needs: