

Registration

Camper Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Church Attending _____

School Attending _____ Grade _____

E-Mail Address _____

Parent/Guardian _____

Phone (____) _____

Emergency Contact _____

Phone (____) _____

Additional Auth Pick Up _____

Phone (____) _____

Payment

I am enclosing a \$50.00 check or money order.

Please charge \$50.00 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 Info

I hereby give Eagle Fern Camp permission to conduct a criminal records search in the counties of residence listed above. I understand that this information is being gathered to ensure the safety and well-being of campers and staff at Eagle Fern Camp.

The applicant has permission to engage in all camp activities, both on-campus and off-campus. 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 (if applicant is under the age of 18) 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.

I hereby 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 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 hereby affirm and acknowledge, by signing below, that all of the information provided and all of my answers to the questions on this application are true and complete, and that any misrepresentation or omission may be grounds for rejection or, if later "employed," dismissal.

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

Participant
Signature: _____ Date / /
(if over age 18)

Medical Info

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.

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

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