

## CAMPER REGISTRATION FORM

Please complete a separate registration form for each camper!

**Important - before completing this form, please read the attached information, policies, and camper's/parent's covenants completely.**

**Camp Choice (choose one):**

\_\_\_\_\_ **Action Camp** [For teens entering 9th grade - 11th grade completed (under 18 years)]

\_\_\_\_\_ **Discovery Camp** [For campers entering 3<sup>rd</sup> grade through entering 8<sup>th</sup> grade]

\_\_\_\_\_ **Action Camp + CIT @ Discovery Camp**

[For teens entering 10<sup>th</sup> grade through completion of 12<sup>th</sup> grade (under 18 years)]

\_\_\_\_\_ **Discovery Camp as a CIT** (not attending Action Camp)

[For teens entering 10<sup>th</sup> grade through completion of 12<sup>th</sup> grade (under 18 years)]

**Camper's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Numbers: Cell \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Age: \_\_\_\_ ) Gender    M / F    (circle one)

School Grade entering Fall 2010 \_\_\_\_\_

Adult T-Shirt Size (Circle One): **S M L XL XXL XXXL** Other: \_\_\_\_\_

Camper lives with (circle one):

Both Parents | Mother | Father | Other: \_\_\_\_\_

**(Name/Relationship to Camper)**

Camper attends church at: \_\_\_\_\_

Wishes for cabin mate(s): \_\_\_\_\_

Siblings/Relatives also at camp: \_\_\_\_\_

**Mother or Legal Guardian's Name:** \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Contact Phone Numbers: Cell \_\_\_\_\_ Other \_\_\_\_\_

Can camper be released to this person? \_\_\_\_\_

**Father or Legal Guardian's Name:** \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Contact Phone Numbers: Cell \_\_\_\_\_ Other \_\_\_\_\_

Can camper be released to this person? \_\_\_\_\_

**Other Emergency Contact Person:** \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Contact Phone Numbers: Cell \_\_\_\_\_ Other \_\_\_\_\_

Can camper be released to this person? \_\_\_\_\_

**Please return completed registration and medical forms (all 4 pages) along with, at minimum, the \$25 registration fee/deposit to: Eagle River United Methodist Camp, c/o Douglas Community United Methodist Church, P.O. Box 240509, Douglas, AK 99824.**

**REGISTRATION DEADLINE JUNE 15!!!**

## EAGLE RIVER UNITED METHODIST CAMP SOUTHEAST

### CAMPER'S COVENANT:



I, \_\_\_\_\_, have read the **SAFETY RULES** and the  
(Camper-printed name)  
**CAMPER BEHAVIOR RULES** and I agree to participate fully in the activities  
for which I have registered, obeying these rules and directions of all camp staff.  
I further understand that if I violate camp rules and this covenant, depending upon the  
severity of my actions, I may be subject to disciplinary actions which may include the loss of  
privileges up to and including possible expulsion from camp for the remainder of this camp at my  
parent or guardian's expense and potentially future camps at Eagle River United Methodist  
Camp.

**Camper's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENT/LEGAL GUARDIAN COVENANT:

I, \_\_\_\_\_, have read the **SAFETY RULES** and the **CAMPER**  
(Parent or Legal Guardian-printed name)  
**BEHAVIOR RULES** and give my permission for my child to participate in camp activities as  
described in the camp registration materials. I authorize Eagle River United Methodist Camp  
(ERUMC) staff to administer emergency treatment to my child and to seek to employ medical  
assistance with my financial responsibility if, in their judgment, that should be necessary. I  
understand that in such event I will be contacted as quickly as possible. I also give my  
permission for ERUMC to use pictures and videos of my child for camp literature and promotions  
without compensation to me or my child now or at any time in the future.

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Action Camp \$150 base rate + \$25 for kayaking**

**Discovery Camp \$150 - For campers entering 3rd grade through entering 8th grade.**

**Discovery Camp CITs \$150 – For youth entering grade 10 through completion of grade 12 (under 18 years).**

[This rate applies to those CIT's not attending Action Camp.]

**If a camper is attending both Action Camp & Discovery Camp as a CIT, the total cost is \$225** which includes  
the \$150 Action Camp registration, \$25 Action Camp kayak fee, and \$50 Discovery Camp base rate fee, if received  
by June 15.

To calculate your camper's fees, please complete the following chart:

		[This column for Camper's Use]	[This column For Camp Use]
A) Action Camp	\$150	_____	_____
B) Action Camp Kayak Fee	\$ 25	_____	_____
C) Discovery Camp Camper	\$150	_____	_____
D) Discovery Camp CIT/Action Camp Attendee	[A +B+ \$50]	_____	_____
E) Discovery Camp CIT (not attending Action Camp)	\$150	_____	_____
Subtotal		_____	_____
*Household Discount 25% for second or subsequent camper Applications postmarked after June 15, 2010	+ \$25	_____	_____
Total Registration Fees Owing for this camper		_____	_____
Amount Enclosed (Minimum of \$25 application fee/deposit)		_____	_____
Scholarship amount requested		_____	_____
Scholarship amount awarded		_____	_____
			_____
			[balance due]

\*Other members of same household attending camp and their relationship to this camper: \_\_\_\_\_

## EAGLE RIVER UNITED METHODIST CAMP HEALTH HISTORY & TREATMENT AUTHORIZATION



**Camper's Name:** \_\_\_\_\_ **Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Attending the following Camp(s) (circle one):** ACTION Camp / DISCOVERY Camp/ BOTH  
**Date of camper's last tetanus shot:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

All campers, regardless of health, must turn in this completed and signed form WITH THE REGISTRATION FORM. The camper will not be admitted to camp or travel without it. Confidentiality will be honored. For further explanation of answers use additional paper as needed and attach.

**Please list all medications on the opposite side of this form.**

**Camper History:**

**Please check/circle all that apply:**

- Chronic infection of throat
- Chronic infection of ears
- Chronic infection of sinus
- Chronic infection of lungs
- Chronic infection of urinary tract
- Fainting
- Nose bleeds
- Cramps
- Heart condition
- High blood pressure; is it controlled? Y N
- Diabetes; is it controlled? Y N
- Seizure; is it controlled? Y N
- Epilepsy; is it controlled? Y N
- Sleep Walking
- Asthma or other breathing conditions
- Chronic digestive or gastric complaints
- Bed wetting or bladder control
- Anxiety
- Hyperactivity
- ADD or ADHD
- Violent or aggressive behaviors

Please explain if you circled any of the above:

\_\_\_\_\_

\_\_\_\_\_

**Allergies and Dietary needs:**

Does camper require a diabetic diet? Y N  
 Please list all allergies including those to food, medications and environment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunizations:**

Please give the date of the most recent (month/year if possible.)

- \_\_\_\_ / \_\_\_\_ Tdap (Tetanus, Diphtheria, Pertussis)
- \_\_\_\_ / \_\_\_\_ Influenza
- \_\_\_\_ / \_\_\_\_ HPV (Human Papillomavirus)
- \_\_\_\_ / \_\_\_\_ Hepatitis A
- \_\_\_\_ / \_\_\_\_ MCV4 (Meningococcal)
- \_\_\_\_ / \_\_\_\_ Hepatitis B
- \_\_\_\_ / \_\_\_\_ PPV (Pneumococcal)
- \_\_\_\_ / \_\_\_\_ IPV (Poliovirus)
- \_\_\_\_ / \_\_\_\_ Varicella
- \_\_\_\_ / \_\_\_\_ MMR

Please circle "Y" (yes) or "N" (no) for each of the following:

Y N Camper can walk up and down stairs easily

Y N Camper has been recently exposed to a contagious disease. If yes please identify: \_\_\_\_\_

Y N Camper has tubes in the ear.

If yes which ear(s)? \_\_\_\_\_

Y N Camper has a skin disease.

If yes please identify: \_\_\_\_\_

Y N Camper has experienced unusual stress or trauma. If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Y N Is there a physical, mental, psychological, spiritual or social condition requiring restricted activities or special assistance? If yes to any, please explain: \_\_\_\_\_

\_\_\_\_\_

**Name (print)** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Relationship to Camper** \_\_\_\_\_

("parent", "legal guardian" or "self")

**Family Medical Insurance Company** \_\_\_\_\_

\_\_\_\_\_

**Name of Insured** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Physician** \_\_\_\_\_

**Phone (\_\_\_\_\_)** \_\_\_\_\_

*I understand that camp staff need to know pertinent information about the camper's mental and physical health. Therefore, I have disclosed all information that could jeopardize the camper's health and safety or the safety of others. Failure to disclose information could require my child to be sent home from camp. I give permission to the camp to provide routine health care, administer prescribed and over-the-counter medications and seek emergency medical treatment including ordering x-rays and routine tests. I give permission to the camp to arrange necessary related transportation. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached (or cannot respond if an adult camper) in case of an emergency, I give permission to the physician(s) selected by the camp staff to secure and administer proper treatment, including hospitalization, for the above named person and to release information regarding said medical treatment to camp staff.*

**Signature:** \_\_\_\_\_

(parent, legal guardian or adult camper)

**EAGLE RIVER UNITED METHODIST CAMP—REQUEST TO ADMINISTER MEDICATION**

**Notice to Parents/Legal Guardians:**

When any medication is to be taken at camp, medications must come to camp in the original container from the pharmacy and show the camper's name, the physician or dentist's name, the prescription number, name of medication and dosage. Non-prescription medications must also come to camp in their original containers. Thank you for your cooperation!



**Camper's Name** \_\_\_\_\_ **Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Attending the following Camp(s): ACTION / DISCOVERY / BOTH

Physician or Dentist: \_\_\_\_\_

**Prescription drugs to be taken (use additional paper as needed and attach to form):**

1. Medication Name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

2. Medication Name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

3. Medication Name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

**Non-prescription drugs to be taken (use additional paper as needed and attach to form):**

Drug: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

Drug: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

Drug: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

How long has camper taken this medication at this dosage? \_\_\_\_\_

**REASON(S) FOR MEDICATION(S):** \_\_\_\_\_

I hereby request that (name of camper) \_\_\_\_\_

receive the above medication(s) at camp as noted and that the nurse or another adult leader administer the medication. I understand it is my responsibility to furnish this medication and proper instructions for administering the same. I further understand and agree that on behalf of myself and the named person, I do hereby waive and release any action, cause of action or claim of liability for any loss, damages, accident, or injury of any kind against the Alaska United Methodist Conference or Eagle River United Methodist Camp Southeast and against any nurse or adult camp leader arising from the administration of medication, including, but not limited to, any claim that medication was negligently administered, and I agree to Indemnify and hold harmless such persons and the Alaska United Methodist Conference or Eagle River United Methodist Camp Southeast from any and all such claims.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_