



Discovery Camp: Theme: "Peace Works"



Dates: Sunday June 23 – Friday June 28, 2019

Grades: Going into 3RD – Going into 8th

Scholarships available on a case by case basis

NO one will be turned away for inability to pay

DUE DATE FOR REGISTRATION IS June 1, 2019

Fill out in **dark ink** and mail to:

**ERUMC: Discovery Camp PO BOX 211385 AUKE BAY, AK 99821 or
Email forms to: MANAGER@METHODISTCAMP.ORG**

You can also contact Bunti Reed for questions or for a Scholarship Application by calling 907-321-3348, or contact the camp at 907 789-3734

This year we have limited Space for Campers

Costs: \$250.00 per camper (Discounts for multiple kids in family or early registration. 10%)

When submitting the registration form a minimum \$50.00 application fee needs to be included. Checks need to be made out to Eagle River Camp.

Name: _____ Date of Birth: _____ Grade Entering: _____

Mailing Address: _____

Address

City

State

Gender: Male Female Have you attended camp before? Yes No

Parents / Legal Guardians: _____

Preferred Contact Number: _____

Email Address: _____

Emergency Contact: _____

Relationship to Camper: _____

Preferred Emergency Contact Number: _____

Adults Authorized to Pick Up Camper: _____

Church & Denomination: _____

Siblings/Relatives also at camp: _____



I understand that photographs or videos taken of my camper are property of ERUMC and may be used for promotional purposes unless the Camp Deans are instructed otherwise by the parent or guardian. I also understand that use of cameras by campers will be addressed on a case by case basis.

Camper Signature: _____

Parent/ Guardian Signature: _____ **Eagle River United Methodist C**

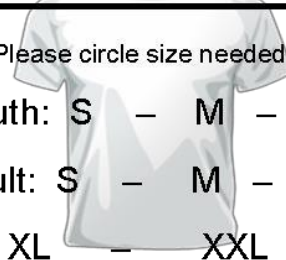
T-Shirt Size

Please circle size needed

Youth: S – M – L

Adult: S – M – L

XL – XXL



Cabin Buddies (for those who are requesting to room with a friend): _____

Eagle River United Methodist Camp Southeast Health Record



Name: _____ Age: _____ Date of Birth: _____

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. Eagle River United Methodist Camp wants your camper to have a safe and successful camping experience. We ask you to help us understand your child's needs; please share information you feel might be important for us to know, either in one of the categories below or on another sheet of paper. All information will be kept confidential.

Insurance Information Is the participant covered by family medical insurance? Yes or No

If yes, indicate Carrier _____ Group # _____

Insured Name _____ Policy # _____

Allergies (Please list known allergy and reaction)

Food Allergy _____

Medication Allergy _____

Other (include insect stings, asthma, etc.) _____

Medications Will the participant be bringing medications to camp? Yes No

If yes, list medication (prescription and over the counter) and instructions for taking medication use additional sheets if needed _____

Medications must be in original bottle and turned in to Health Care Manager upon arrival.

Contact Information

Camper's Doctor _____ Doctor's Phone _____

History of Illnesses (Please check any that apply and explain below)

Diabetes Seizures Bed wetting Sleep walking Constipation Fainting Diarrhea Heart problems

Recent illness Recent exposure to contagious disease Behavioral or emotional (e.g. ADHD)

Other: _____

Special Needs (Please check if applicable and explain below or on separate page)

Hearing Impaired Mobility Impaired Severely Visually Impaired Dietary Preference/Needs Other _____

Activities which should not be participated in for medical reasons _____

Parent/Guardian Authorization: *I understand that camp staff needs 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: _____ Date: _____

(Parent, legal guardian or adult camper)