

Camp Eagle Day Camp Registration Form (Please Print)

Camper Name Parent/Guardian Name

Address City

State Zip Email

Home Phone Parent's Cell Parent's Work

Date of Birth Age Camper Gender Female Male T-shirt Size

School Grade Completed

Home Church Pastor's Name

First Time Camper? Yes No Drop Off Location

Medical Information & Authorization ~ In Case of Emergency, Contact:

Name of emergency contact other than Parent/Guardian

Home Phone Cell Work

Name of family Physician Phone

Special Medications (please be specific)

Special Health Problems, Handicaps or Disorders

Restricted Activities

Allergic Reactions (bee stings, penicillin, etc.)

Date of Last Tetanus Shot (must be within the last 10 years) Do you have medical insurance? Yes No

Insurance Company Name & Address

Insurance Policy Number

How did you hear about Camp Eagle? Radio School Friend Church Homeschool Media Other

2017 Day Camp Weeks

\$198 (weekly) or **\$55** (per day) ~ Check Desired Week(s) **OR** Day(s) of Camp

June 5 - 9	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 10 - 14	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
June 12 - 16	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 17 - 21	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
June 19 - 23	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 24 - 28	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
June 26 - 30	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 31 - Aug 4	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
July 3 - 7	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	August 7 - 11	<input type="checkbox"/> All Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F

Early Bird Discount \$18 - Register by May 29

Credit Card Payments

Name as it appears on the credit card

Credit Card Number

Expiration Date

CVC/CVV Number

Charge \$50 Non-refundable Deposit only

Charge the Total Amount

I'd like to help send an underprivileged camper to camp. Donations are tax-deductible.

\$

Signature of Cardholder _____

Return the completed registration form with a \$50 non-refundable deposit to: Camp Eagle, PO Box 7010, Roanoke, VA 24019
All registrations are processed in the order they are received.

Questions: Please call (540) 366-2431 ext. 133 or visit us at www.camp-eagle.org

Medical Authorization

In case of medical emergency, I hereby give my permission to have the staff member in charge hospitalize my child and/or secure a licensed physician, surgeon, or anesthesiologist in providing the necessary care for my child as named on this registration form. I certify that my child is in good physical health and is able to participate in the entire camping program, except for the activities listed as restricted. I further give permission to the camp staff to administer Tylenol or Benadryl, if needed. I understand and agree that I will be responsible for any and all expenses associated with providing medical care for my child.

Assumption of Risk Participation and Indemnity Agreement

I am aware that during certain events and activities on Camp Eagle property, there may be inherent risks associated with this as well as any other outdoor activity. These events include, but are not limited to, High and Low Ropes Courses, Swimming, Hiking, Challenge Courses, Team Building Exercises, games, paintball, The "Blob", Hay Rides, archery, BB guns, tomahawk throwing, sling shots, Laser Tag, and all other camp related activities. Since Camper safety is of utmost importance to the Camp Eagle Staff, I agree that once made aware of the rules, regulations, and standards as set forth by Camp Eagle instructors, I will abide by them or accept dismissal without benefit of refund for refusing to follow such rules.

In consideration of and as part payment for the right to participate in these events and activities, I have and do hereby assume all risks and will hold Camp Eagle and its sponsoring organization, Shenandoah Baptist Church, (along with all employees or agents of Camp Eagle and Shenandoah Baptist Church), harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my and/or my child's participation in outdoor program activities arranged for me and/or others by Camp Eagle. The terms hereof shall serve as a **RELEASE AND ASSUMPTION OF RISKS and INDEMNITY** for my heirs, executors, and administrators and for all members of my family.

If participant is a minor, the undersigned parent or guardian gives permission for said minor to participate in events and activities sponsored by Camp Eagle and accept all risks as stated above.

I hereby give permission for my child(ren) to be photographed or videotaped while participating in the events at Camp Eagle. I give Camp Eagle and their agents permission to use or distribute such photographs or video for any reasonable purpose including advertising or promotion. I understand that this consent complies with Section 8.01-40 of the Code of Virginia or its equivalent.

I have carefully read all the information from the Summer Guidelines (www.Camp-Eagle.org/summerguidelines) and agree to cooperate and comply in all these areas. I understand that violations in any of these areas may result in the campers dismissal from Camp Eagle.

Signature of Parent or Guardian

Date

Printed Camper Name

Signature of Camper

Date