



2017 REGISTRATION FORM

Please complete the entire form.
Incomplete forms will not be processed.
Please include a \$50 NONREFUNDABLE DEPOSIT.
Please complete a separate form for each camper.
Please Print

For Office Use Only

CAMPER INFORMATION

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Gender: Male Female Date of Birth ___/___/___/ Age: _____ Grade in Sept. 2017: _____

T-Shirt Size: Youth: Small Medium Large XLarge
Adult: Small Medium Large XLarge

PARENT/GUARDIAN INFORMATION

Parent 1: Mother Father Guardian

Parent 2: Mother Father Guardian

Name: _____

Name: _____

Primary Contact Number: _____

Primary Contact Number: _____

Secondary Contact Number : _____

Secondary Contact Number: _____

Email: _____

Email: _____

EMERGENCY CONTACT INFORMATION

*This person will be contacted if Parent or Guardian is unavailable.

Name: _____ Relationship to Camper: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

RELEASE OF MINORS

All campers are released at the end of camp to their parent/guardian or one of the individuals listed below. NO EXCEPTIONS!

REMINDER: Photo Identification or camper pickup ID card must be provided at time of pickup.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian signature: _____ Date: _____

Check here if there are any unresolved legal parent/custodial issues that Camp Harlow needs to be aware of. If you have a "working" parenting plan, that does not necessarily constitute marking this box. Marking this box will initiate a request for more documentation. Please call the Camp Office with any questions.

CAMP INFORMATION

*Please select which camp(s) you would like to register for. NOTE: Once a camper is registered there will be a \$5.00 transfer fee.

DAY CAMPS	OVERNIGHT CAMPS	
AGES 5-10 Spring Break Camp, March 27-31 <input type="checkbox"/> Extended Hours \$ 159.00 <input type="checkbox"/> Regular Hours \$ 139.00 AGES 5-9 Day Camp 1, July 10-14 <input type="checkbox"/> Extended Hours \$ 247.00 <input type="checkbox"/> Regular Hours \$ 215.00 Day Camp 2, August 7-11 <input type="checkbox"/> Extended Hours \$ 247.00 <input type="checkbox"/> Regular Hours \$ 215.00 Day Camp 3, August 28– September 1 <input type="checkbox"/> Extended Hours \$ 247.00 <input type="checkbox"/> Regular Hours \$ 215.00	Grades 1-5 Elementary/Junior 1 Camp <input type="checkbox"/> EON/Junior 1, July 5-8 \$ 209.00 GRADES 3-5 <input type="checkbox"/> Junior 2, August 20—24 \$ 261.00	GRADES 5-7 Tween Overnight Camp <input type="checkbox"/> Tween 1 July 16-21 \$ 324.00 <input type="checkbox"/> Tween 2 August 13-18 \$324.00 GRADES 6-8 Middle School Overnight Camp <input type="checkbox"/> Mid 1, June 25-30 \$ 319.00 <input type="checkbox"/> Mid 2, July 30-Aug. 4 \$ 349.00 GRADES 9-12 High School Overnight Camp <input type="checkbox"/> HS, July 23-28 \$ 359.00

The Camp Harlow staff will do their best to accommodate Housing and Buddy Requests, however these are **NOT** a guarantee.

HOUSING INFORMATION ***For overnight camps only. Select your choice for housing**

<input type="checkbox"/> CABIN	<input type="checkbox"/> COVERED WAGON	<input type="checkbox"/> HARLOW LODGE (girls only)
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CABIN BUDDY ***For overnight camps ONLY**

Buddies MUST choose each other in order to be housed together. This is a REQUEST and not a guarantee.

1st. Choice: _____ 2nd Choice: _____

PAYMENT INFORMATION

Minimum \$50.00 deposit required per camp (this is **non-refundable** and is included in the camp fee).

<input type="checkbox"/> Camp Fee	\$ _____
<input type="checkbox"/> Cabin/Team Photo (Optional)	\$ 8.00
<input type="checkbox"/> Camp Store & Café Account (Optional)	\$ _____
<input type="checkbox"/> Paintball (Optional)	\$ 20.00 per game
<input type="checkbox"/> Help Sponsor Another Camper (Optional)	\$ _____
TOTAL:	\$ _____

Camp Store Accounts may be added to after the start of camp. All accounts are refunded the night before the last day of camp. **All accounts with a remaining balance of \$2.00 or under will not be refunded.**

PAYMENT OPTIONS

Minimum \$50.00 deposit required per camp (this is **NONREFUNDABLE** and is included in the camp fee).

Total Enclosed: \$ _____ Payment Method: Check Cash Visa MasterCard

Check Number: _____ Please charge my credit card:

Number: _____

Exp. Date: ____/____/____

Billing Zip Code: _____

Print Name: _____

Signature: _____



2017 MEDICAL FORM

CAMPER INFORMATION

First Name: _____ Last Name: _____

HEALTH AND MEDICAL INFORMATION

*This person will be contacted if Parent or Guardian is unavailable.

Name of Camper's Physician: _____ Phone: _____

Insurance Company: _____

Date of Last Tetanus shot: ____/____/____

Please list any current medical conditions or concerns, any recent injury or limitations to activities at camp:

Does your Camper have asthma? Yes No

If yes, how are they treated and what is the frequency and severity of the attacks: _____

Known Allergies: *Please list below any known allergies and list treatment and details for them.*

Allergies:

Details and treatment: _____

Does your camper need a special diet for health reasons? Yes No If yes, a form will be sent to you for our Food Services Department.

Are there any Special Considerations, Needs or Behavioral Issues? Yes No

*We need to be informed of these needs 2 weeks before camp begins, along with a completed Camper Care Form If you Marked Yes:

- Behavioral Mental Physical Emotional

To help set your camper up for success, any additional information that would be pertinent for the counseling staff to know about your camper, please list below.

Please continue to the Medication information on Page 4

INSTRUCTIONS FOR MEDICATIONS AT CAMP HARLOW

1. All medication must be turned in to the nurse at registration. **DO NOT** pack in your camper's luggage.
2. Medication must be in original containers with the camper's name and instructions.
3. Sample medications will be accepted with a doctor's note authorizing the medication with dosage and instructions.
4. All medication is kept in the Nurse's Station and administered there.
5. Campers who need emergency inhalers or epi-pens must carry them at all times. You may choose to leave these with the nurse. If not, you must leave a backup supply at the Nurse's Station.
6. Over the counter medications are not accepted. Please see the list below of over-the-counter medications on hand.

MEDICATION AND DOSAGE (TO BE ADMINISTERED BY THE CAMP NURSE ONLY)

NAME OF MEDICATION	DOSAGE	TIME GIVEN	REASON FOR MEDICATION

If you need more space, please attach an additional sheet.

OVER-THE-COUNTER MEDICATIONS

Please mark any medication that you **DO NOT** want your child to have.

The Camp Harlow consulting physician has issued standing orders permitting the dispensing of common over-the-counter medications. These will be dispensed as needed. Do not send these medications with your camper. Also, please mark any medication that you **DO NOT** want your child to have.

<input type="checkbox"/> Non-aspirin pain reliever (Tylenol or generic)	<input type="checkbox"/> Imodium (for Diarrhea)
<input type="checkbox"/> Ibuprofen (Advil/Motrin)	<input type="checkbox"/> Insect Repellent
<input type="checkbox"/> Antacid (Mylanta/Tums)	<input type="checkbox"/> Lip Balm
<input type="checkbox"/> Antibiotic Ointment (Triple Antibiotic)	<input type="checkbox"/> Pepto Bismol
<input type="checkbox"/> Antihistamine (Benadryl, Loratadine, Cetirizine)	<input type="checkbox"/> Skin Lotion (Eucerin)
<input type="checkbox"/> Calamine/Caladryl Lotion	<input type="checkbox"/> Sterile Saline/Refresh for eyes
<input type="checkbox"/> Cough Syrup (Robitussin DM)	<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Cough Lozenges/Drops	<input type="checkbox"/> TecNu (for Poison Oak)
<input type="checkbox"/> Decongestant (Sudafed PE)	<input type="checkbox"/> Tea Tree Oil
<input type="checkbox"/> Gatorade	<input type="checkbox"/> Witch Hazel (for Minor Burns)
<input type="checkbox"/> Hydrocortisone Cream 1%	

Please continue to the Parental Release on Page 5



2017 PARENTAL RELEASE

AUTHORIZATION OF TREATMENT

- I, the parent or legal guardian of the above camper, hereby give permission to Camp Harlow to administer medications as listed above. I understand that it is my responsibility to provide prescription medication in original pharmacy containers or as labeled physician samples.
- I understand that if my camper requires medical attention in addition to the described above, that Camp Harlow will attempt to contact me first. If I am unavailable, I authorize Camp Harlow to contact my camper's physician. If neither I nor my child's physician is available, I authorize Camp Harlow/First Baptist Church to order X-rays, routine tests, and treatments; to release any records necessary for insurance purposes; and to provide or arrange transportation for my camper to a nearby clinic or hospital. I will hold harmless Camp Harlow, its staff and First Baptist Church of Eugene, and its pastors from any claim of liability arising from attending camp.

INITIALS

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PHOTO/VIDEO RELEASE INFORMATION

- During our camp sessions, the Camp Harlow Staff takes photos and videos for cabin or team photos, daily videos, slide shows and promotional purposes. If there are reasons that your child should **not** be photographed or on video, you need to contact the camp office at 541-683-5416 at your earliest convenience.

INITIALS

ACTIVITIES & TRAVEL RELEASE

- I, the parent or legal guardian of the above camper, hereby give permission for my camper to travel to and participate in offsite Camp Harlow Middle School or High School activities/trips such as: Breakfast on the Butte, Service Projects, and Lake Day.
- I, the parent or legal guardian of the above camper, hereby give permission for my camper to participate in onsite Camp Harlow activities such as: Zip-line, Big Swing, Challenge Course, Intensity Bridge, Flying Squirrel, Canoes, Ft. Hawk, Inflatables, Rockwall, Archery, Swimming Pool, Fire Truck Rides, Train Rides, Bumper Boats, and Go Karts.
- I, the parent or legal guardian of the above camper, hereby give permission for my camper to ride and/or be around horses at Camp Harlow.

INITIALS

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Please tell us how you heard about Camp Harlow:

Signature of Parent/Guardian: _____ Date: _____

NOTE: By initialing and signing above, you acknowledge that you have read and agree to each item.