

EAGLE LAKE DAY CAMP ON LOCATION 2019 REGISTRATION FORM



CAMPER Information

CAMPER NAME

DATE OF BIRTH (MM / DD / YY)

MALE / FEMALE (CIRCLE ONE)

PARENT/GUARDIAN NAME

EMAIL

MAILING ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

CAMP Information

LOCATION (name of hosting church/site)

CAMP DATES

PAYMENT Information

Amount to Add to Store Card (in addition to camp fee)

Credit Card Number

Expiration Date (mm/yy)

Billing Address (if different from above)

Name on Card

WEB:

eaglelakecamps.com

PHONE:

800-US-EAGLE (873-2453)

719-272-7453 (local)

FAX:

719-960-2558

MAIL:

Eagle Lake Office

P.O. Box 6819

Colorado Springs, CO 80934

Health History



Important Information – Please Read Carefully

1. Eagle Lake campers are accepted with regard to race, color, national origin, religion, or handicap (**though campers with physical and/or mental challenges should contact Eagle Lake before registering to discuss the respective program and help our staff understand his or her special needs**).
2. This medical form must be fully completed with **signatures** and **submitted on opening day of camp**.
3. Camper must have had a **physical within previous 12 months** of camp dates. This must be **signed by a physician**, physician assistant, or nurse practitioner. We cannot use forms from previous years, please submit a new health form every year.
4. All **medicines** (including over-the-counter and non-prescription drugs, vitamins, or supplements) must be in the **original container** labeled with the **child's name**, the **name of the drug** and **instructions** for administration written by the camper's physician. It is illegal for our health office to dispense medication from improperly labeled containers.
5. Individuals with a **preexisting** medical condition or illness (especially a **contagious illness**) **cannot be admitted** and will be sent home as soon as possible.

*** **If all of these requirements are not met, the health officer may refuse the camper admittance at registration.**

Participant Name _____ Birth Date _____ Gender (circle one) " Male " Female
Last First Middle Initial

Home Address _____ Home Phone _____
Street Address City State Zip Code Area/Number

Custodial parent/guardian _____ Cell Phone _____
Area/Number

Home Address _____ Home Phone _____
(If different from above) Street Address City State Zip Code Area/Number

Place of Employment _____

Business Address _____ Work Phone _____
Street Address City State/Zip Area/Number

Second parent/guardian _____ Cell Phone _____

Home Address _____ Home Phone _____
(If different from above) Street Address City State Zip Code Area/Number

Place of Employment _____

Business Address _____ Work Phone _____
Street Address City State/Zip Area/Number

If not available in an emergency, notify (non-parent contact): _____

Relationship _____ Phone _____
Area/Number

Insurance Information

Is the participant covered by family medical/hospital insurance? " Yes " No

If so, indicate plan name _____ Group # _____

Claims Address _____

Insurance Carrier's Name _____ Date of Birth _____ Social Security# _____

General Questions (Explain "yes" answers below)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever had problems with joints (e.g. knees, ankles)?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	17. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have problems with sleep walking?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear.....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have a history bed-wetting?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Ever had an eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. If female, have an abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Ever had emotional difficulties for which		
12. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>	professional help was sought?.....†	<input type="checkbox"/>	<input type="checkbox"/>
13. Have a heart disease/defect?.....	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers on previous page, noting the number of the questions.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

ALLERGIES List all known:

Medication allergies (list)	Describe reaction and management of the reaction.
<hr/>	<hr/>
<hr/>	<hr/>

Food allergies (list) – please contact the Eagle Lake office if your camper is in need of a specific food regimen because of a medical condition. We want and need to have a clear understanding of the individual's dietary needs.

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) _____

EAGLE LAKE DAY CAMP ON LOCATION PICK-UP AUTHORIZATION FORM



I, _____, give my consent for the following people to pick up my child(ren),

_____, _____, _____, from Eagle Lake Day Camp On Location. I understand that Eagle Lake Camps cannot release my child to anyone other than those that they have written authorization to do so.

Names of people authorized to pick up my child from Eagle Lake Day Camp On Location:

- 1. _____ 2. _____
- 3. _____ 4. _____

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE AGREEMENT

THIS RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE AGREEMENT (the "Agreement") INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CLAIMS. PLEASE READ CAREFULLY.

The Navigators, a Colorado nonprofit religious corporation (the "Organization"). The various facilities and their grounds the Organization own include, U.S. Headquarters Building, Glen Eyrie Conference Center, and Eagle Lake Camps (Collectively referred to as the "Property"). All facilities and grounds are located in foothills and mountains, and many buildings and landscapes on the Organization's property are historic or of rustic design. The Organization sponsors and hosts events, programs and other activities (the "Activities") to encourage spiritual growth, personal development, and group fellowship.

The Adult Participant(s) and/or Minor Participant(s) identified below in the Activities is a privilege. Participation in the Program and the Activities is a privilege, and this Agreement, signed by the Adult Participant or parent(s) and/or legal guardian(s) having authority to sign this document, is a condition to participation by the Participants. By signing below, the undersigned Adult Participant(s) or parent(s)/guardian(s) of the Minor Participant (collectively hereafter referred to as the "Undersigned Persons") authorize(s) himself/herself and/or the Minor Participant(s) to participate in the Program and the Activities, consent(s) to the terms and conditions of this Agreement, and agree(s) with all of the provisions set forth in this Agreement.

1. Activities: Each Undersigned Person and/or Minor Participant(s) understands and agrees that the participation in the Program and the Activities, and the transportation to and from the Activities, is entered into voluntarily by the Undersigned Person and/or Minor Participant(s). Participation in the Activities may require the Undersigned Person and/or Minor Participant(s) to assist and depend on the assistance of other participants within an assigned group. Although not desiring to discourage participation, the Organization intends to make each Undersigned Person and/or Minor Participant aware that participation in the Program and the Activities exposes the Undersigned Person and/or Minor Participant(s) to certain risks, including, by way of example, risks arising from slips and falls due to terrain conditions, high altitude, exposure to adverse weather conditions and wildlife, fire, landslides, and defects in facilities and equipment, without immediate availability of medical attention; in addition, the Program and Activities take place in mountains and remote wilderness areas in which rescue may take several hours or even days, depending on the weather, terrain, and other circumstances.

2. Assumption of Risk: The Undersigned Person and/or the Minor Participant(s) recognizes that participation in the Program, the Activities, and related transportation involves risk of an accident and serious personal injury and illness, paralysis and permanent disability, and even possibly death of the Undersigned Person and/or Minor Participant(s). The Undersigned Person and/or Minor Participant(s) understands that participation in the Program and Activities includes certain inherent risks. Inherent risks are those which cannot be eliminated without destroying unique characteristics of the Property or the Activities. Each Undersigned Person expressly assumes, for such Undersigned Person and/or Minor Participant(s), all risks of participating in the Program and engaging in the Activities, whether such participation in the Activities is authorized or permitted or not, or is supervised or unsupervised, and whether those risks are inherent or otherwise, now known or unknown, or are predictable or unpredictable, by the Undersigned Person and/or the Minor Participant(s).

3. Release and Indemnification of Claims of Undersigned Person(s) and/or Minor Participant : In view of the risks described herein and in consideration for the privilege granted to the Undersigned Person(s) and/or Minor Participant(s) to participate in the Activities, the Undersigned Person, for such Undersigned Person(s), and for and on behalf of each Minor Participant and such Minor Participant's heirs, family and estate, executors, administrators, assigns, and personal representatives, hereby releases and agrees to indemnify and hold harmless The Navigators, and its related organizations, and The Navigators' and its related organizations' directors, officers, employees, volunteers, contractors, agents, representatives and successors and assigns (together the "Released Parties") of and

from, and does discharge and waive, any and all claims, demands, losses, damages, and liabilities made or that can be made against or incurred by The Navigators and the other Released Parties or any of them with respect to any and all property damage, economic loss, medical and other expense, disability, personal injury whether physical or mental in nature, and/or death, and including all claims derivative of such claims, whether caused by negligence or otherwise, arising from each Minor Participant's participation in the Activities, including all claims of each Minor Participant and all claims of each Undersigned Person(s) and/or Minor Participant(s) for injury and/or loss.

4. Permission of Use for Promotional Purposes: In consideration for the privilege granted to the Minor Participant(s) to participate in the Program and Activities, each Undersigned Person consents and gives permission to the Organization to use the name, likeness, voice, and biographical information of the Minor Participant(s) for any purpose whatsoever, without compensation, including without limitation to publicize and/or promote the Program and Activities in photographs, printed literature, video recordings, sound recordings, websites, and any other medium that now exists or may exist in the future.

5. Consent to Medical Care: In the event that the Undersigned Persons and/or the minor children named below (the "Minor") are injured or become ill, and the Undersigned Persons are unable to give consent to medical care, or cannot be reached to give consent for the Minor, each Undersigned Person for himself/herself or as the parents/guardians of the Minor, hereby authorize The Navigators, and its employees, volunteers, agents and representatives (collectively, the "Organization"), to obtain or consent to, on his/her behalf or on behalf of the Minor, medical care (including, by way of example, first-responders medical treatment; X-Ray examinations; anesthetic, dental, medical or diagnosis and treatment; and hospital care) deemed necessary or advisable by the Organization. In addition, any medical provider is authorized to surrender physical custody of the Minor to the Organization. Each Undersigned Person agrees to fully pay all costs of medical or dental care incurred on his/her behalf or on behalf of the Minor by the Organization.

6. Miscellaneous: In the event that any provision of this Agreement is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Agreement had been executed with the invalid provision(s) eliminated.

7. Governing Law: This Agreement is governed by and construed under the laws of Colorado, without reference to its conflict of laws provisions. This document is intended to be as broad and inclusive as permitted under such law. Any dispute or claim arising out of or relating to this Agreement or claim of breach hereof shall be brought exclusively in Colorado Springs, El Paso County, Colorado.

8. Dispute Resolution: The Parties agree to attempt to resolve any claim or dispute arising out of or related to the Agreement through good faith negotiations taking into consideration Biblical principles of reconciliation and fair dealing. Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration decision shall be entered in Colorado Springs, El Paso County, Colorado. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

By signing below, each Undersigned Person signifies his or her complete and unreserved agreement with all provisions of this Agreement, including but not limited to the Release of Liability and Indemnification of Claims of Minor Participant(s) and Undersigned Person(s) and Consent to Medical Care, and further agrees that such Undersigned Person has carefully read this Agreement in its entirety, understands it, and signs it voluntarily, for himself/herself, and on behalf of each Minor Participant identified below, and for each such Minor Participant's heirs, family and estate, executors, administrators, assigns and personal representatives. The Undersigned Person attests that he or she is eighteen (18) years of age or older, and is a parent or legal guardian of each Minor Participant listed below, with authority under law to sign and enter into this Agreement for himself/herself and for each Minor

Participant identified below. If more than one Minor Participant is identified below, all provisions of this Agreement apply to each of the Minor Participants listed.

Parent/Guardian Signatures

Signature: _____

Signature: _____

Date: _____

Date: _____

Printed Name: _____

Printed Name: _____

Minor Participant's Information:

Minor Participant's Name

Date of Birth