

2010 Registration Form

Please complete the entire form. Incomplete forms will not be processed.

Please include a \$50 NONREFUNDABLE DEPOSIT.

A separate form for each child/each session is required.

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. 2010: _____

PARENT/GUARDIAN INFORMATION

Parent 1: Mother Father Guardian

Parent 2: Mother Father Guardian

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Day Phone: _____ Eve: _____

Day Phone: _____ Eve: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACT INFORMATION

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

First Name: _____ Last Name: _____ Relationship: _____

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

CAMP INFORMATION

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

DAY CAMPS	OVERNIGHT CAMPS	
AGES 5-10 Spring Break Camp, March 22-26 <input type="checkbox"/> Regular Hours \$99.00 <input type="checkbox"/> Extended Hours \$109.00 AGES 5-9 Day Camp 1, July 12-16 <input type="checkbox"/> Extended Hours \$199.00 <input type="checkbox"/> Regular Hours \$179.00 Day Camp 2, August 9-13 <input type="checkbox"/> Extended Hours \$199.00 <input type="checkbox"/> Regular Hours \$179.00 Day Camp 3, August 30-September 3 <input type="checkbox"/> Extended Hours \$199.00 <input type="checkbox"/> Regular Hours \$179.00	AGES 6-10 Elementary Overnight Camp <input type="checkbox"/> EON, June 22-25 \$209.00 GRADES 3-5 Junior Overnight Camp <input type="checkbox"/> Junior 1, July 5-9 \$234.00 <input type="checkbox"/> Junior 2, August 22-26 \$234.00 GRADES 4-8 Missions Overnight Camp <input type="checkbox"/> Missions, August 8-12 \$204.00	GRADES 5-7 Tween Overnight Camp <input type="checkbox"/> Tween 1, July 18-23 \$279.00 <input type="checkbox"/> Tween 2, August 15-20 \$279.00 GRADES 6-8 Middle School Overnight Camp <input type="checkbox"/> Mid 1, June 27-July 2 \$294.00 <input type="checkbox"/> Mid 2, August 1-6 \$294.00 GRADES 9-12 High School Overnight Camp <input type="checkbox"/> HS, July 25-30 \$304.00
	HOUSING INFORMATION * For overnight camps only. Select your choice for housing.	
	<input type="checkbox"/> CABIN Bunk Bed Style Sleeps 10	<input type="checkbox"/> COVERED WAGONS Bunk Bed Style Sleeps 10
	<input type="checkbox"/> HARLOW LODGE GIRLS ONLY Sleeps 20	

CABIN BUDDY* For overnight camps ONLY.

Only ONE request please. Buddies must choose each other and forms must arrive in the same envelope.

Name: _____ Parent Email: _____

PAYMENT INFORMATION

Minimum \$50.00 deposit required (this is nonrefundable and is included in total camp fees).

CAMP FEES WORKSHEET	AMOUNT
Camp Tuition	\$
Cabin Photo (May also be ordered at check-in) <i>Optional</i>	\$8.00
Camp DVD (May also be ordered at check-in) <i>Optional</i>	\$15.00
Camp Store & Cafe Account (All items are \$3.00 or less) <i>Optional</i>	
Help Sponsor Another Camper <i>Optional</i>	

PAYMENT OPTIONS

Minimum \$50.00 Deposit required (this is nonrefundable and is included in total camp fees).

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

Check Number: _____ Please charge my credit card:

Number: _____

Exp. Date: ____ / ____

Billing Zip Code: _____

Print Name: _____

Signature: _____

SUBMIT REGISTRATION

(Please DO NOT Fax)

Mail Registration Form, Medical Release, and Payment to:

Camp Harlow Registration Office
3850 County Farm Road
Eugene, Or 97408

PARENTAL RELEASE

- I, the parent or legal guardian of the above camper, hereby give permission to Camp Harlow/First Baptist Church of Eugene to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Harlow Director to secure and administer treatment, including hospitalization for the child named above. I will defend Camp Harlow from all liability and claims of liability and will hold harmless Camp Harlow, its staff, First Baptist Church of Eugene, and its pastors from any claim of liability arising from attending camp.
- I, the parent or legal guardian of the above camper, hereby give permission for my child to travel to and participate in offsite Camp Harlow activities/trips; Breakfast at the Butte, Paintball, River Rafting, Service Projects, and Lake Day for High School.
- I, the parent or legal guardian of the above camper, hereby give my permission for my child's picture and/or likeness to be used for Camp Harlow promotion and advertising, including print media for camp brochures, articles, and camp website.
- I, the parent or legal guardian of the above camper, hereby give permission for my child to ride and/or work around horses at Camp Harlow.
- This form may be photocopied for trips away from camp.

Signature of Parent/Guardian: _____ Date: _____

- Check here if there are any current or pending legal parent/custodial issues. You will be sent a form to supply more information.

Additional registration forms available at www.campharlow.com or 541.683.5416

2010 Medical Form

CAMPER INFORMATION

First Name: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Age: _____

Name of Child's Physician: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Parent 1: Mother Father Guardian

Parent 2: Mother Father Guardian

Name: _____

Name: _____

Day Phone: _____ Eve: _____

Day Phone: _____ Eve: _____

Cell Phone: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION

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

First Name: _____ Last Name: _____ Relationship: _____

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

HEALTH AND MEDICAL INFORMATION

Please list any current **medical conditions** or concerns and any recent injury: _____

Date of last tetanus shot (required): _____

Does your child have asthma? Yes No

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

Known Allergies: Hay Fever Food Bee Sting Medication Latex Other: _____

Please List/and treatment for: _____

Does your camper need a special diet? Yes No If yes, a form will be sent to you from Food Services.

Any prosthetic device, contacts, glasses? Yes No Please List: _____

Any limitation to activities? Yes No Please explain: _____

Any Bedwetting? Yes No or Sleepwalking Yes No (Condition may warrant a bottom bunk)

INSTRUCTIONS FOR MEDICATION AT CAMP HARLOW

1. All medication must be turned in to the nurse at registration. **Do Not pack in your campers 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 instruction.
4. All medication is kept in the Nurse's Station and administered there.
5. Students 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 back up supply at the Nurse's Station
6. Over the counter medications are not accepted. Please see the list of over the counter medications on hand on the reverse side. These are medications we have on hand.

MEDICATION AND DOSAGE

NAME OF MEDICATION AND DOSAGE	TIME GIVEN	REASON FOR MEDICATION
1.		
2.		
3.		
4.		
5.		
6.		

If you need more space, please attach an additional sheet

OVER-THE-COUNTER MEDICATIONS

Please Check those you **DO NOT** want your child to take

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

- | | |
|--|--|
| <input type="checkbox"/> Non-aspirin pain reliever (Tylenol or generic) | <input type="checkbox"/> Immodium (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 Bactran) | <input type="checkbox"/> Nausea Relief (Little Tummy's) |
| <input type="checkbox"/> Antihistamine (Benadryl, Loratadine, Cetrizine) | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Calamine/Caladryl Lotion | <input type="checkbox"/> Skin Lotion |
| <input type="checkbox"/> Cough Syrup (Robitussin DM) | <input type="checkbox"/> Sterile Saline/Refresh for eyes |
| <input type="checkbox"/> Cough Lozenges/drops | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Decongestant (Sudafed PE) | <input type="checkbox"/> TecNu (for poison oak) |
| <input type="checkbox"/> Gatorade | <input type="checkbox"/> Tea Tree Oil |
| <input type="checkbox"/> Hydrocortizone Cream 1% | <input type="checkbox"/> Witch Hazel (for minor burns) |

PARENTAL RELEASE AND PERMISSION

- 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 child requires medical attention in addition to that described above, that Camp Harlow will attempt to contact me first. If I am unavailable, I authorize Camp Harlow to contact my child's physician. If neither I nor my child's physician is available, I authorize Camp Harlow/First Baptist Church to order X-rays, routine test, and treatment; to release any records necessary for insurance purposes and to provide or arrange transportation for my child to a nearby clinic or hospital. I will defend Camp Harlow from all liability and claims of liability and 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.
- I, the parent or legal guardian of the above camper, hereby give permission for my child to travel to and participate in offsite Camp Harlow activities/trips; Breakfast on the Butte, Paintball, Service Projects, and Lake Day (for High School)
- I, the parent or legal guardian of the above camper, hereby give permission for my child's picture and/or likeness to be used for Camp Harlow promotion and advertising, including media for camp brochures, articles and camp website.
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