

Camp Ewalu - Registration Form

Send to: Camp Ewalu, 37776 Alpha Avenue, Strawberry Point, IA 52076

Registration Information:

Name _____ Birthdate ___/___/___ Male / Female
Address _____ City _____ State ___ Zip _____
Email _____ Home Phone _____ Work Phone _____
Grade Completing _____ Parent/Guardian Name _____
Emergency Contact Name _____ Emergency Phone _____
Church Name _____ Town _____
Program I Am Registering For: _____ Program Date: _____
2nd Choice: _____ Date of 2nd Choice: _____ Camp Buddy _____

Payment Information:

Deposit: \$ _____ (*\$100 non-refundable deposit required*) (*full payment due 3 weeks prior to camp*)
Method of Payment: Check/Money Order _____ Visa _____ MasterCard _____ Discover _____
Card # _____ Expiration Date ___/___/___ Zip Code _____
Amount to Charge _____ Card Holder Signature _____

Health History & Insurance:

1. Date of Last Health Examination _____ (*within 2 years*)
2. Immunizations: DPT: Y / N, Measles-Rubella: Y / N, Polio: Y / N, Date of Tetanus Shot _____
3. Skin Diseases: Y / N, If Yes, please explain _____
4. Allergies: Food, drugs, hay fever, insects: Y / N, If yes, please explain _____
5. Medications & Treatments: List all current or ongoing treatments or medications, including dosage.

6. List any illness, chronic conditions, or physical condition the camper has that requires restrictions on camp participation (including past medical history) _____
7. Physician's Name _____ Office Phone _____
8. Insurance Co. _____ Policy _____
Subscriber's Name _____

To the best of my knowledge, all registration and health information for the person described herein is correct. I give permission for my child to participate in all camp activities, including but not limited to: the Cooperative Course, activities involving horses and horseback riding, and trips off-site in camp vehicles, except as noted here: _____ and agree that the camp, its staff, and the horses' owners will not be held responsible for any accidents or personal injury arising therefrom. I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary for the child named above. In the event of an accident, injury, or illness, the insurance of the camper's parent or guardian is primary. I also grant permission for pictures or video taken of my child to be used in publications and promotional materials.

Signature of Parent/Guardian or Adult Camper

Date