Camp Ewalu – 2009 Holden Village Trip
Registration Form

Registration Information:

Name _____ Birth Date ___/___/___ Male / Female _____

Address _____ City _____ State ____ Zip _____

Email _____ Home Phone _____ Work Phone _____

Emergency Contact Name _____ Emergency Phone _____

Select your package:

__ $1,095/person
__ $1,025/seniors age 62+
__ $435/child age 0-1
__ $455/child age 2-3
__ $660/child age 4-11
__ $795/youth age 12-15
__ $875/teens age 16-17

**Note: Fee for ages 0-17 assumes a shared motel room with parents.*

Payment Information:

Deposit: $ _____ *($350 deposit is required by March 31st. Full payment is due by May 31st.)*

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 _____
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 agree that the camp and its staff will not be held responsible for any accidents or personal injury sustained during the trip. In the event of an emergency, I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary. In the event of an accident, injury, or illness, my insurance is primary. I grant permission for pictures or video taken of myself (or my child), by Ewalu staff, to be used in camp publications and promotional materials.

_____ _____

Signature *(or parent's signature of child)* Date

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