

# 2018 CAMP EDEN REGISTRATION FORM



**Register Your Camper**—All campers must complete the Camper Start-up Information, the Financial Worksheet, the Safety and Health Form (both sides of this page), and appropriate adventure release forms and submit these forms along with a \$25 non-refundable registration fee.

**At Least Two Weeks Before Camp**—Campers who are attending a week long camp (Timberline Camp, Teen Camp, LAST Camp) must complete the Physical Form and Medication Form. These forms, along with adventure activity release forms, must be received by Camp Eden no later than two weeks prior to your week of camp.

**First Day of Camp**—The total amount due (“Sub-total” less “Amount Paid with Registration”) must be paid in full at campsite registration on the first day of camp.

**Checks**—Please make checks payable to your church (if registrations will be submitted together) or Camp Eden (if registration will be submitted individually).

## Camper Start-up Information

This form is necessary for all camps and

### Personal Information

Male  Female Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ (Grade your camper will be in for the 2017-2018 school year.)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Name \_\_\_\_\_

I would like to room with \_\_\_\_\_.  
(You may select only one roommate. Roommate must be within one school grade.)

## Financial Worksheet

This form is necessary for all camps and must be turned in with registration.

Camp Details				Adventure Activities (Indicate if camper will participate)		Finances				
Check Week	Camp Dates	Type of Camp	Speaker	Price	Trail Ride? (Included)	Whitewater Rafting? (Included)	Dis-counts*	Sub-total	Amount Paid with Registration**	Total Amount Due
	June 11-23	LAST Leadership Camp		\$200						
	June 18-23	Timberline	Jason Gamet	\$280						
	Jul 2-3	Starter	Ryan Coon	\$55						
	June 25-30	Teen 1	Nathan Crockett	\$280						
	July 9-14	Teen 2	Andy Gleiser	\$280						

\* Call Camp Eden or see your church registration coordinator for details on “multiple camper” or other discounts. \*\* Must be at least \$25.

Staff Use Only:

# Safety and Health Form

This form is necessary for all camps and must be turned in with registration.

## Important Health Information

Are there any past or current medical conditions that should be brought to the attention of the Camp Eden medical staff?

Are there any allergic conditions (medications/food/other) that should be brought to the attention of the Camp Eden medical staff?

Are there any camp activities in which this camper should NOT participate?

## General Parental Release

The above camper has permission to participate in all camp activities, on and off the campsite (this includes Camp Eden transportation to activities off the campsite), except as noted below by me and/or the examining physician. I give permission to the physician selected by Camp Eden to order X-rays, routine tests, and treatment for the health of my child. If I cannot be reached in a medical emergency, I give permission to the physician selected by Camp Eden to hospitalize, secure proper treatment for, and order injection, anesthesia, and/or surgery for my child. I also affirm that the information on this medical form is both complete and correct. For promotional purposes, Camp Eden reserves the right to use any photography or video taken while your child is at camp. Camp Eden makes every attempt to provide continuous camper supervision by assigned counselors. However, occasionally (during activity-choice options or transition times) campers are supervised by strategically placed camp staff members.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Persons NOT permitted to take camper from camp \_\_\_\_\_  
Please list the names, addresses, and phone numbers of any persons, other than camper's father, mother, or emergency contacts who may remove camper from campsite:

Father's Contact Information—Is father permitted to take camper from campsite? ____ Yes ____ No		
Name	Home Phone	Place of Employment
Address	Cell Phone	Employment Address
City, State, Zip	E-mail	Employment Phone

Mother's Contact Information—Is mother permitted to take camper from campsite? ____ Yes ____ No		
Name	Home Phone	Place of Employment
Address	Cell Phone	Employment Address
City, State, Zip	E-mail	Employment Phone

Emergency Contact #1—Is this emergency contact permitted to take camper from campsite? ____ Yes ____ No		
Name	Home Phone	Place of Employment
Address	Cell Phone	Employment Phone
City, State, Zip	E-mail	

Emergency Contact #2—Is this emergency contact permitted to take camper from campsite? ____ Yes ____ No		
Name	Home Phone	Place of Employment
Address	Cell Phone	Employment Phone
City, State, Zip	E-mail	

Insurance Information			
Medical Insurance	Name	Phone	Plan/Group Name or #
Camper Doctor	Name	Phone	
Camper Dentist	Name	Phone	

Your child is being enrolled in a child care program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of a child care facility. This facility has made every effort to provide a safe and healthy facility for your child. If you believe that your child has been abused, you can contact the Gilpin County Department of Social Services at 303-582-5444. Colorado law requires that child care providers report all known or suspected cases of child abuse or neglect. To review a file for a licensed child care facility please call 303-866-5088. For additional information, please consult the Colorado Division of Child Care at 1575 Sherman Street, Denver, CO 80203 or call 303-866-5958.

## Trail Ride Release Form (Timberline Camps Only)

**Sundance Stables**  
**Highway 110**  
**Nederland, CO 80466**

### RELEASE

The undersigned, recognizing that the riding of horses is an inherently dangerous activity including without limitation the propensity of the animals to behave in ways that may result in injury, harm, or death to persons on or around them; the unpredictability of the animal's reaction to such things as sound, sudden movement, and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals or objects; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability, hereby relapses ROCKY MOUNTAIN LODGE, INC. dba SUNDANCE and owners from any and all liability or damages and waives any claims he or she may have against Sundance resulting from the rental and riding of any horses. The undersigned also recognizes that other risks, hazards and dangers are integral to recreational activities offered and engaged in, in a wilderness or outdoor environment. WARNING- Under Colorado law an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities (pursuant to Section 13-21-119, Colorado Revised Statutes).

Name of Rider (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Rider's Weight: \_\_\_\_\_ Riders Age: \_\_\_\_\_

Please Circle Rider's Ability:

Never Been on a Horse      Beginner      Intermediate      Advanced

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*(For Company Use)*

Person Reviewing and Accepting this Release: \_\_\_\_\_

Wrangler/Guide for this Ride: \_\_\_\_\_

Time Ride Started: \_\_\_\_\_ Finished: \_\_\_\_\_ Amount Paid for this Rider \$ \_\_\_\_\_

**Rafting Release Form is on the back of this page**

# Adventure Release Forms

These forms are necessary only for those who intend to participate in CE adventure activities. See each release form for a list of participating camps.

## Mile Hi Rafting Release Form (Teen Camps Only)

### Release of Liability & Acknowledgment of Risk

In consideration of Mile Hi Rafting LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MHR"), I hereby agree to release, indemnify, and discharge MHR and the cities of Idaho Springs, Golden, Salida, Canon City, Buena Vista, and Clear Creek County, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge what rafting entails, known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** boat capsize, river conditions and currents, travel in remote areas; collision with objects or other water craft, prolonged exposure to cold water; hypothermia, accidental drowning; illness in remote areas; exposure to sun, strong wind, storms, large waves, eddies and whirlpools and lightning; wrist, arm, shoulder, and/or back injuries; slips and falls while hiking; and rapidly changing adverse weather and water conditions. Furthermore, MHR guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MHR from any and all claims, demands, or cause of action, which are in any way connected with my participation in this activity or my use of MHR's equipment or facilities, **including such claims which allege acts or omissions of MHR.**

4. Should MHR, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against MHR, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found in a court of law to have waived my right to maintain a lawsuit against MHR on the basis of any claim form on which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Age \_\_\_\_\_

### Parent or Guardian's Additional Indemnification (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) being permitted by MHR to participate in its activities and use its equipment and facilities, I agree to indemnify and hold harmless MHR from any and all claims which are brought by or on behalf of the above named, and which in any way are connected with such use or participation by the above named.

Signature of Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_