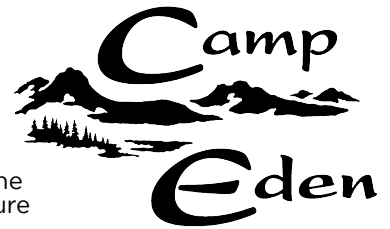


# 2022 CAMP EDEN REGISTRATION FORM



**Register Your Camper**—All campers must complete the Camper Start-up Information, the Financial Worksheet, the Safety and Health Form (both sides), and appropriate adventure release forms and submit all these forms 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, L.A.S.T. Camp) must complete the Physical Form and Medication Form. These forms, along with the adventure 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 registrations will be submitted individually).

## CAMPER START-UP INFORMATION

### Personal Information

Male  Female

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ *(Grade your camper will be in for the 22-23 school year)*

Name \_\_\_\_\_

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

Camp Details					Adventure <i>(Indicate if camper will participate)</i>	Finances			
Check Week	Camp Dates	Type of Camp	Speaker	Price	Rock Climbing <i>(included in price)</i>	Discounts	Sub-Total	Amount Paid	Amount Due
	June 13-25	L.A.S.T. Leadership Camp		\$200					
	June 20-25	Timberline	Andy Montgomery	\$190					
	June 23-24	Starter	Camp Staff	\$60					
	June 27- July 2	Teen	Nathan Crockett	\$190					

**Adventure Release Forms can be downloaded from [www.campeden.org/register](http://www.campeden.org/register)**

**Staff Use Only:**

# SAFETY AND HEALTH FORM

## 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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:	Email:	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:	Email:	Employment Phone:

### EMERGENCY CONTACT #1—Is contact permitted to take camper from campsite? \_\_\_\_ Yes \_\_\_\_ No

Name:	Home Phone:	Place of Employment:
Address:	Cell Phone:	Employment Address:
City, State, Zip:	Email:	Employment Phone:

### EMERGENCY CONTACT #2—Is contact permitted to take camper from campsite? \_\_\_\_ Yes \_\_\_\_ No

Name:	Home Phone:	Place of Employment:
Address:	Cell Phone:	Employment Address:
City, State, Zip:	Email:	Employment Phone:

Person(s) NOT permitted to remove camper from the campsite: \_\_\_\_\_

Please list the names, addresses, and phone numbers of any person(s), other than the camper's father, mother, or emergency contacts, who may remove the camper from the campsite:

## 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.