



**EAGLE BLUFF ENVIRONMENTAL LEARNING CENTER
SUMMER CAMP 2020 REGISTRATION FORM**

Questions? 507-467-2437 or camps@eagle-bluff.org

You can register via mail using this form or online.
Visit www.eagle-bluff.org and head to our Summer Camps Page.

My child is registering for the following camp(s):



Camper Information

Camper Name: _____

For rooming purposes, my camper identifies as: Male Female Other*

*If other is circled, camp staff will contact you directly for more information.

Date of Birth: _____ Camper’s Grade for Upcoming 2020-2021 School Year: _____

Camper’s Mailing Address: _____

City: _____ State: _____ Zip: _____

Roommate Requests: _____

If attending Forkhorn 1, will this camper be obtaining their Firearms Safety Certification at Camp? Yes No

If attending a Forkhorn camp, would you like to register this camper as a member of the MDHA? Yes No

T-Shirt Size (please circle): Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult XL

I understand and agree to the following statement (please initial): _____

We want to make sure Eagle Bluff Camps are a positive & welcoming environment for everyone.

If we determine campers are not aligning with behavioral expectations,
you may be asked to pick your camper up early.

Parent/Guardian Information

Parent/Guardian Name: _____

Billing Address: —Same as Child’s— OR _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

How did you hear about Eagle Bluff Summer Camps? _____

Please don’t forget to complete pages 2 & 3 of the Registration Form!



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If your child is being sponsored by an organization, please fill out the next section.
If not, skip to Payment Information.

Sponsoring Organization

Sponsoring Organization Name: _____

- The organization is paying the camp fee, minus the deposit (Fill out the Payment Info Section below)
- The organization is paying another amount: \$ _____ (Fill out Payment Info Section below)
- The organization is paying the entire camp fee (Skip Payment Info Section below)

Payment Information

Amount to be paid: \$100 Non-refundable Deposit (per camp) Full Payment \$ _____

Discount Codes (if applicable): _____

Payment Type—Please Circle which option you are using to pay the deposit/payment

Cash Check

****Paying by credit card is not a payment option offline****

Cancellation Policy:

Cancellations made at least 15 days prior to the start of camp will receive a full refund less the deposit.

Cancellations made less than 15 days will be charged the full amount.

Please mail completed form to:
*Jenna Moon & Erica Hall
 Eagle Bluff Environmental Learning Center
 28097 Goodview Drive
 Lanesboro, MN 55949*

*Please note that registration confirmation
 and future camp info will be sent via email.*

Please don't forget to complete pages 1 & 3 of the Registration Form!

Dietary Allergies & Restrictions (e.g. lactose intolerant, peanut allergy, vegetarian, gluten free):

Medical & Behavioral Conditions: Please include all conditions such as diabetes, epilepsy, asthma, ADD, EBD, etc. Please list any non-dietary allergies (e.g. latex, penicillin). Also include treatments such as casts, splints, etc. applicable at the time the camper will be at Eagle Bluff.

Medications: List all **prescription** medications the camper is currently taking and explain (see dispensation policy on back):

CAMPER

Please check all non-prescription drugs Eagle Bluff may dispense to your camper if needed.

Antacid Benadryl (Topical) Benadryl (Oral) Cough Drops Ibuprofen Tylenol None without a call home

Activity Level: Is the camper capable of participating in strenuous activities? (*i.e.*, hike up hills, put weight on joints, carry equipment, etc.)

Yes No, please explain:

Authorization & Release (please read statement on back of page):

X

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: Failure to sign this form will prohibit your child from participating in all Eagle Bluff activities. All medical information is kept confidential and all medical forms are kept for a period of two years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.

_____ I do not want Eagle Bluff to use photos of my child in future publications.

MEDICAL AUTHORIZATION AND RELEASE STATEMENT

Agreement, Indemnification, and Assumption Of Risk

Our goal at Eagle Bluff is to provide safe learning experiences for all our participants. Our high ropes course, group challenge course, rock climbing wall, and all equipment are inspected regularly and are structurally sound. In addition, each participant receives safety instruction and an equipment check by a trained Eagle Bluff staff member. We adhere to the highest standards of safety and supervision in every class that we offer.

By signing the front of this form, I agree to the following...

I, as a parent or guardian of the named minor (hereinafter referred to as "minor"), hereby give my permission for my child or ward to participate in all Eagle Bluff activities and further agree to the terms herein contained. In consideration of the minor being permitted by Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as "EBELC") to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless EBELC from any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the minor against EBELC, and which are in any way connected with such use or participation by minor. In the event that I file a lawsuit against EBELC, I agree to do so solely in the state of Minnesota, 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.

I acknowledge that my child's participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I also agree to direct my camper to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. I understand and agree that if the camper fails to comply with the rules and policies, they may be expelled from Eagle Bluff and sent home at my, the parent or legal guardian's, expense.

I hereby represent that the minor is in good health, that I have identified all medical conditions associated with the minor, and that I have adequately informed EBELC personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I acknowledge that the camper's medical conditions stated on this form are complete and correct. I authorize EBELC personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

MEDICAL DISPENSATION POLICY:

All medications will be administered by Eagle Bluff personnel. Prescription medication must be in its original container with the prescription and dose clearly marked. Parents will need to complete a Medication Dispensary Form upon arrival at Eagle Bluff.