

# Camp Eureka!

## Enrollment Application (2010)

(Please read and sign both pages of this form)

CAMPER'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
First Last

ADDRESS \_\_\_\_\_  
No. & Street City State Zip

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Area Code - Number

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_  
on first day of camp Next fall

CAMPER LIVING WITH \_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

EMERGENCY CONTACT: \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Telephone Relationship

**INDICATE WHICH SESSION(S): Please check box**  
**Child Camper - Cost: \$575 per child/ per session**

- Session 1: July 18<sup>th</sup> - 24<sup>th</sup>  
 Session 1: Teen Backpack July 18<sup>th</sup> - 24<sup>th</sup>  
 Session 2: July 25<sup>th</sup> - July 31<sup>st</sup>

**Adult Camper - Cost: \$275 per adult/ per session**

- Session 1: July 18<sup>th</sup> - 24<sup>th</sup>  
 Session 2: July 25<sup>th</sup> - July 31<sup>st</sup>

Please enroll the above camper in Camp Eureka. I have read both sides of this application and agree to the fees and conditions listed. I am enclosing a deposit of \$75 for the session(s) I have selected. I understand that this deposit will be credited to my account upon acceptance, and will hold my camper's place until **July 1st, at which time the balance is due.**

Signature of parent or guardian: \_\_\_\_\_

**Make checks payable to *Camp Eureka*.** Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, gender or disability. Camp fees are all-inclusive except for transportation to and from camp.

Camp Eureka 6162 Eureka Road, Sagle, ID 83860  
Phone (208) 263-2217 Fax (208) 255-5943 Email: info@eurekacenter.com

**CONDITIONS OF ENROLLMENT**

CAMPER'S NAME \_\_\_\_\_

- The camper, his/her parents or guardian agree to abide by the rules set by Camp Eureka for the health, safety and welfare of the camp community.** The Camp reserves the right to dismiss a camper whose conduct or influence is detrimental to the Camp. If this becomes necessary, there will be no tuition refund. The Camp Director will consult with the parents before dismissing a camper.
- The Camp is not responsible for articles of clothing or personal belongings lost or damaged. Please label all items. **Do not bring valuables, jewelry, expensive CD collections and similar items to camp.** Instruments, or other performing props, may be brought to camp and stored in our equipment shed which is unlocked; however this is at owner's risk.
- The undersigned consents to the use of any photographs taken of this camper for promotion by Camp Eureka.
- We house campers in tents, grouped by age and gender. If your child has another camper with whom she/he wishes to be housed, and they are the same age and gender, we will try to arrange this but WE CANNOT PROMISE. Multiple requests may not be possible to arrange. Please let us know your request. \_\_\_\_\_
- A health form to be filled out by parent or guardian must be submitted prior to the camper's arrival at Camp. It is expressly understood by the parents/ guardian of the camper for whom this reservation is requested that the camper is in a condition of health and soundness of body that warrants her/his undertaking a camping program as outline in the Camp literature.
- I understand and acknowledge that certain activities as listed in the Camp brochure have an increased risk or injury, and I allow my child to participate in such activities. List any activities you do NOT want your child to participate in: \_\_\_\_\_
- In case of medical or surgical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for the camper listed. **I agree to reimburse Camp Eureka for any cost it may incur in the medical or dental treatment of this camper.**

I have read and understand and agree to all the "Conditions of Enrollment" in this application.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**We are interested in your travel plans.**

- |   |
|---|
| <input type="checkbox"/> Camper will fly into Spokane and use Camp Eureka shuttle.<br><input type="checkbox"/> Camper will arrive by automobile |
|---|

**Note: If you will be flying it is imperative you contact us ASAP to confirm your travel arrangements!**

Office Telephone (208) 263-2217

Fax (208) 255-5943

**Mail application to: Camp Eureka, 6162 Eureka Road, Sagle, Id 83860**

**Visit our website at [www.eurekacenter.com](http://www.eurekacenter.com)**

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# Camp Eureka!

## Health History Form (2010)

(Please sign bottom of page)

Name of Camper: \_\_\_\_\_

Camper's Birthplace: \_\_\_\_\_

Has this camper ever required any psychiatric counseling or hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Dietary modifications \_\_\_\_\_

Current medications (send with instructions) \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Name of dentist/ orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Please attach any suggestions on health related information for camp personnel.

For female campers: Has she menstruated? \_\_\_\_\_ if not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special consideration (Attach separate sheet)

<b>Health History</b>		
(Check. Give approx dates)		
____ Frequent Ear Infections	<b>Diseases</b>	<b>Allergies</b>
____ Convulsions	____ Chicken Pox	____ Bee Stings
____ Diabetes	____ Measles	____ Ivy poisoning, etc.
____ Bleeding/Clotting Disorder	____ German Measles	____ Hay Fever
____ Hypertension	____ Mumps	____ Penicillin
____ Mononucleosis		____ Other Drugs
____ Psychiatric Treatment		____ Asthma
		____ Other

Do you carry family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Subscriber's SSN \_\_\_\_\_

Medical Hospital Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X – rays, routine tests, treatment, and necessary transportation for me/ or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above.

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

# Camp Eureka!

## Minor Participant's Release Form

(Please read and fill in both pages of this form)

I, \_\_\_\_\_, the undersigned parent or Guardian of  
\_\_\_\_\_,(the minor) agree:

1. That the minor will participate in the Camp Eureka program, I will pay, or I have paid, the fees that are requested, and I am allowing my child to participate at his/her own risk;
2. That this camp is directed by Steve Holt and that the main location for this camp will be at 6162 Eureka Road, Sagle, Idaho, 83860; and that it will take place between July 19, 2009 and August 1, 2009
3. That the Camp Eureka program involves walking, hiking, canoeing, swimming, music, games, team sports, and other recreational activities;
4. That the minor is physically able to do such walking, hiking, canoeing, swimming, games, sports, and other recreational activities and has no medical problems which may be affected by these activities and any other activity at the camp;
5. That, in lawful consideration for the minor, being permitted by Camp Eureka to participate in the activities, I, as parent or Guardian of the minor, hereby agree that I, as parent or Guardian of the minor, our respective heirs, assigns, guardians, distributees, personal representatives, executors, and relatives will not make a claim against, or file a lawsuit, attach the property of, or prosecute Camp Eureka and their agents, employees, partners, assigns, directors and officers, and successors in interest, for injury or damage resulting from negligence or other acts, however caused by any employee, agent, volunteer, or as a result of my participation in any and all of the following activities :
  - a. all walking and hiking at the camp;
  - b. all swimming, canoeing, games, sports, or other recreational activities at the camp;
  - c. attendance at all musical instruction events;
  - d. automobile travel to, or from, or during any activity;
  - e. any other activity at the camp.
6. Further, in consideration of the presentation of the activity, I, and I on behalf of the minor, agree to release, and forever discharge the Camp Eureka camp from any and all such liability, responsibility and obligation to me arising out of the Camp Eureka, and I waive all of my rights, whether they are known to me or unknown to me, as follows under California Civil Code Section 1542:

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Eureka** 6162 Eureka Road, Sagle, ID 83860  
Phone (208) 263-2217 Fax (208) 255-5943 Email: info@eurekacenter.com

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

This statement is hereby waived by me, and on behalf of the minor.

This release extends to all claims, causes of action, liabilities and obligations of any kind whatsoever which arise out of involvement by the minor in Camp Eureka whether they are known to me or not known to me, and whether such claims may exist now or in the future.

7. I agree that execution and timely delivery of this Release are preconditions for the minor being permitted to participate in Camp Eureka.

8. I further agree to indemnify Camp Eureka, its agents, employees, owners, directors, successors, and assigns and hold them harmless, from any and all liability, responsibility and obligation to the minor, and me (as parent or Guardian), including but not limited to liability for all acts of negligence which may be committed in Camp Eureka activities listed in 5a through 5e above, and its agents and staff and which may result in injuries to the minor. This agreement to indemnify and hold harmless extends to my issue, my heirs, assigns, guardians, wards, personal representatives, executors, and relatives. This indemnity agreement extends to all costs of litigation, including attorney's fees.

THIS IS A GENERAL RELEASE AND INDEMNITY AGREEMENT.  
PLEASE READ CAREFULLY BEFORE SIGNING.

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or guardian (circle one) of:

\_\_\_\_\_  
(a minor)

Date of birth: \_\_\_\_\_

## **What to Bring Checklist**

- ❑ Sleeping bag
- ❑ Pillow
- ❑ Shorts for a week
- ❑ Tee shirts for a week
- ❑ Underwear for a week
- ❑ Socks for a week
- ❑ Sweatshirt
- ❑ Light, long sleeved shirt
- ❑ Light jacket
- ❑ Raincoat, light, packable
- ❑ 1 pair long pants
- ❑ 1 pair sweatpants
- ❑ Swim suit
- ❑ 1 towel and washcloth
- ❑ Hat with visor
- ❑ Warm hat
- ❑ 2 pair shoes: Sneakers and water shoes or sandals
- ❑ Sunglasses
- ❑ Water bottle
- ❑ Flashlight, small
- ❑ Toiletries: toothbrush, toothpaste, shampoo, sunscreen, lip balm, bug repellent
- ❑ Any necessary medicine (to be kept with an adult)
- ❑ Optional:  
Camera, binoculars, journal, book to read

**Note:** Campers may bring portable musical instruments to play at camp activities and in the show. "Magic" cards are popular and acceptable to bring.

*Absolutely no walkmans, ipods and electronic games are allowed*