



Youth Registration Form A

Please mail form to:
Camp Ewalu
37776 Alpha Ave.
Strawberry Point, IA, 52076

You can also:
Phone: 563-933-4700
Email: office@ewalu.org

Event / Retreat Name: _____

Please fill out the registration form (one for each participant) and submit at least two weeks before the retreat occurs.
For details about each event, visit our website or contact our office for more information.

Youth Groups: Please send ALL registration forms to Camp Ewalu with FULL amount due (no deposits) by the deadline. If applicable to the retreat, Camp Ewalu staff will serve as cabin counselors. Adults should expect to stay in the lodges/cabins with their youth group. Please inform us if you will not be attending the entire retreat.

Pastors & Youth Leaders: Please use Ewalu's registration form. Printed registration forms that are outdated, modified, or created by the church will no longer be accepted. Only parents/guardians are permitted to register youth online. If you are registering your Youth Group, please mail or fax a registration form for each youth attending the event.

First Name: _____ Last Name: _____

Birth Date (mm/dd/yyyy): ____ / ____ / ____ Age: ____ Grade in School: _____ Gender: Male / Female

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone (home and cell): _____

Parent/Guardian Email: _____

Church Name: _____ City: _____

Contact Person in Case of Emergency: _____ Phone: _____

Health History & Insurance: (Please attach additional pages if necessary.)

1. Date of Last Health Examination: _____ (must be within 12 months) Date of Tetanus _____

2. Immunizations: DPT: Y/N, Measles-Rubella: Y/N, Polio: Y/N, Hepatitis B: Y/N, Varicella: Y/N Shot _____

3. Allergies (food, medications, hay fever, insects, etc.): Y/N If Yes, please explain: _____

4. Medications & Treatments (list all current or ongoing treatments or medications, including dosage): _____

5. List any illnesses, chronic conditions, physical or psychological conditions that require restrictions on camp participation (include past medical history): _____

6. Physician's Name: _____ Office Phone: _____

7. Insurance Co.: _____ Policy #: _____

Subscriber's Name: _____

Payment Enclosed: \$ _____ Cash Check (payable to Camp Ewalu) Credit Card (Visa, Discover, Master Card)

Cardholder: _____

Card #: _____ CSC #: _____ Expiration Date: ____ / ____

To the best of my knowledge, all registration and health information for the person described herein is correct. I hereby acknowledge my voluntary participation in all camp activities, including but not limited to: the Cooperative/Ropes Course, activities involving horses and horseback riding, and trips off-site in camp vehicles, except as noted here _____ and agree that the camp, its staff, and the horses' owners will not be held responsible for any accidents or personal injury arising therefrom. I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary for the named above. In the event of an accident, injury, or illness, the insurance of the registrant named above is primary. I agree that the camp or its staff will not be held responsible for lost or damaged personal property. I also grant permission for pictures or video taken of me to be used in publications and promotional materials.

Signature of Parent/Guardian (or adult camper if 18 or older) _____

Date _____