

# REGISTRATION FORM

Evans Christian Outfitters  
Summer Camp 2025



Please complete ALL information and sign both sides of this form and return to address on back.

## CAMPER INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Address: \_\_\_\_\_  Male  Female  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Church You Attend: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother's Name/Guardian: \_\_\_\_\_ Best Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Name/Guardian: \_\_\_\_\_ Best Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**EMERGENCY CONTACT (Other Than Parent):** Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CAMP DATES AND FEES

**Check**  **Teen Camp** June 8-13 Grades Entering 7<sup>th</sup> – 12<sup>th</sup> Cost: \$ 125 (**\$100 before May 15**)  
**One**  **Elementary Camp** June 15-19 Grades Entering 3<sup>rd</sup> – 7<sup>th</sup> Cost: \$ 125 (**\$100 before May 15**)  
**(Drop Off:** All Campers-Sunday 4-5:00PM **Pickup:** Teen- Friday 11:00 AM ; Elementary- Thursday 8:00 PM)  
Make Check to: **Evans Christian Outfitters**  
Payment Amount: \_\_\_\_\_ Payment Type:  Cash  Check Number \_\_\_\_\_  
**(If full/partial payment will be made by another):** Payment Amount: \_\_\_\_\_  
Name of Church/Sponsor: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Please check here if camper needs financial help for fees

## MEDICAL INSURANCE INFORMATION AND CONSENT FOR EMERGENCY TREATMENT

Name of Parent/Guardian with Medical Insurance Responsibility: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(If other than above) Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
 **I Give My Consent for Emergency Treatment for this Camper**  
*In the event, reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the Camp Staff to sign on my behalf for any treatment deemed necessary for medical or dental care. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.*  
 **I DO NOT Give My Consent for Emergency Treatment for this Camper**  
*In the event, reasonable attempts to contact me have been unsuccessful, and since I do not give my consent for treatment for Camp Staff to sign on my behalf for any treatment deemed necessary for medical or dental care, **I have attached information to instruct Camp Staff what to do.***  
Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## CAMPERS HEALTH INFORMATION AND PERMISSION TO ADMINISTER

Allergies/Allergic Reaction (including foods) of Camper: \_\_\_\_\_

All Medicine Being Taken by Camper (Also include detailed list for Camp Staff of ***medicine, dosage and time to give***. Bring enough medicine for the entire time of camp in original packaging/bottle.) \_\_\_\_\_

Other Information Regarding Campers Medical conditions and Mental Health: \_\_\_\_\_

**I hereby give permission to Camp Staff to administer minor first aid including certain over the counter medications as deemed appropriate according to the camper's complaints or condition. Dosage given will be as instructed on medication container. *If you do not want your child treated with any one of the following medications, please cross it out.***

Tylenol (Acetaminophen)	Ibuprofen	Benadryl	Anti-acid (Pepto Bismol or TUMS)
Calamine Lotion	Throat Lozenges	Bug Repellent	Triple Antibiotic Ointment
After Bite	Sunscreen	1% Hydrocortisone Creams	

**Signature of Parent/Guardian:** \_\_\_\_\_

*Parent: Do not sign if you do not want your child to receive minor treatment.  
You will be contacted to give Camp Staff instructions for treatment.*

## WAIVER OF LIABILITY (Must be signed by Parent/Guardian)

Evans Christian Outfitters offers a variety of services and voluntary activities designed to enrich the camping experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors, such as hiking, boating, swimming, campfires, fishing, basketball, volleyball, tennis, etc. Campers may have the opportunity to participate in one or all of these activities. While the Camp will endeavor to assure the safety of its campers, there are unavoidable risks of injury—including permanent disability and even death—associated with camping and its related services and activities. Consequently, a properly executed Release of Liability, as set forth below, is required before anyone may attend the camp.

- I have read and understand the risks summarized above.
- I understand that my camper's participation in camp activities and receipt of camp services is voluntary.
- I accept personal financial responsibility for any injury, as well as any medical treatment rendered to the camper that is authorized. I acknowledge that all information contained in this registration form is true and accurate.
- I understand that Evans Christian Outfitters and its staff, officials and volunteers will not be held responsible for any articles lost, stolen, broken or left at camp.
- By registering my camper in the camping program of Evans Christian Outfitters, I certify that my camper will abide by all regulations governing personal conduct and use of the camp property and will participate fully in the camp program. Evans Christian Outfitters reserves the right to dismiss my camper if his or her conduct is detrimental to the overall good of the camp at which I am responsible for immediately picking up my camper to return home.
- I give permission for Evans Christian Outfitters to use my camper's photo or video image for promotions, advertising, social media, etc. in print and/or electronic means.
- I and my camper understand and support the cellphone policy as outlined in the General Information.
- In consideration of my camper's attendance at Evans Christian Outfitters, I, for myself and on behalf of my minor camper and our executors, administrators and heirs, release the Friends of Camp Asbury, Inc. (administrators of the camp), including the owners, trustees, officers, employees, agents and volunteers of these entities, indemnify, defend and hold harmless from any and all claims or suits arising in any way from my camper's attendance at Evans Christian Outfitters for injury to my camper and/or his or her property and/or his or her death caused by these entities and/or individuals.

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

***Mail completed form and any fees to: Evans Christian Outfitters Summer Registration, P.O. Box 161, Rio Grande, OH 45674***