

Camp Eagle Information & Forms

Camp Info:

Camp Eagle is near Rocksprings in the hill country of central Texas. It is a beautiful and rugged place that is the home of the headwaters of the Nueces River. There are miles of trails and tons of available activities like kayaking, the blob, swimming and much more. Check out their website at <http://www.campeagle.org/> for more details. We will spend much of the week outside so come prepared to have a blast.

Camp Eagle Contact Info

Address: 6424 Hackberry Rd. Rocksprings, TX 78880
phone: (830) 683-3219 (phone access it FOR EMERGENCY ONLY)
fax: (830) 683-2219
email: info@gcampeagle.org

Schedule:

Departure: Junior High Check In: Sunday, June 13, 7:00am @ Legacy Room
High School Check In: Sunday, June 13, 7:00am @ 201
Return: All Grades Return: Saturday, June 19, 6:00pm @ 201 (will call within three hours of actual return)

Camp Eagle Packing List

Toiletries	Swimsuits (more than one advised)
Bedding/sleeping bag for twin size bed	Girls one piece swimsuit only
Pillow	Jacket/sweatshirt
Towels (beach and shower)	Water Bottle (required)
Shirts	Backpack
Shorts (no sophie shorts)	flashlight with extra batteries
Underclothes including extra pairs of socks	sunglasses
Tennis shoes (two pairs advised)	sunscreen, chap stick
Water shoes for water activities	insect repellent
Flip flops for shower use only	bible, notepad, pen
Rainwear	watch
Hat/Bandanna	camera

Money for all traveling meals, snack room, game room, coffee shop and camp store. We will eat 4-5 meals on the road.

What Not To Bring

We will confiscate any of the following items. Any Ipods, cell phones, electronic devices will be taken up once we arrive at camp. We are NOT responsible for lost or stolen items. If you don't want to risk losing it then leave it at home.

• Weapons • Fireworks • Tobacco Products • Alcohol / Illegal Substances • Practical Joke Stuff

Medications

All Dr. prescribed medications must come in the prescription bottle with directions as to how much, and time(s) of day/night they're needed.

Forms Needed

Camp Eagle forms (3)

Chase Oaks Waiver (two pages)

All forms and completed funds need to be returned by Sunday, May 30. You can drop off @ 201 during Wed and Sunday nights, or on Sundays @ Guest Services desk. You can also mail to:
1700 Gateway Blvd., Richardson, Texas 75080 Attn: Student Ministry

PARENTAL AUTHORIZATION & MEDICAL POWER OF ATTORNEY AND RELEASE

I, _____, the undersigned parent or guardian of _____, do hereby authorize my child or ward to participate in the activities of Chase Oaks Church during Camp Eagle of June 13-19, 2010. I also acknowledge that all guardians of _____ have granted permission.

Participant Information:

Full Name _____
Date of Birth _____ Age _____ Sex _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____
Grade Completed _____

Guardian Information:

Full Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Spouse's Work Phone _____

Should neither my spouse nor I be available, information may be left with _____
at Phone #: _____.

Authorization for Treatment/Release of Claims

I, the undersigned, do for myself (or on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care or, if deemed necessary, by a staff member and / or adult sponsor of Chase Oaks Church and the physician or hospital staff during, en-route, at, to or from the above mentioned trip. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the officers, directors, employees, and agents of Chase Oaks Church from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Parent or Guardian Initials _____

Participant's Medical Profile:

Generally, your child or ward's health is (Check One):

___ Excellent ___ Good ___ Fair ___ Poor ___

If Fair or Poor, please explain their condition

My child or ward's last Tetanus shot was: _____

My child or ward is allergic to the following medication:

My child or ward has the following allergies, illnesses, or is taking the following medication:

List any medical difficulties for which your child or ward is CURRENTLY being treated: _____

Insurance coverage for my child or ward is with:

NAME OF CARRIER: _____

POLICY #: _____

ADDRESS: _____

PHONE #: _____

NAME ON POLICY: _____

Liability Release

I understand that the activities that I or my child or ward will participate in during the event *Chase Oaks Church Camp Eagle 2010* will include travel on a bus/van in hilly country and on gravel roads, outdoor and adventure activities including hiking on rough terrain, bicycling on rough terrain, rock climbing, rappelling, participating on high and low ropes courses, traverses, zip lines, waters activities in a pool and on a river such as a "blob" and other water activities, canoeing, kayaking, participation in conventional and team sports, day activities, night activities, exposure to sun and other weather, rough terrain, animals, and other risks associated with a typical summer camp.

I release Chase Oaks Church and its staff and sponsors from liability for any injuries that may result from participation in the event *Chase Oaks Church, Camp Eagle 2010*

Parent or Guardian Initials _____

Participant Initials _____

Code of Ethics

Because Chase Oaks Church is a religious organization, all participants in this event are expected to follow a basic code of conduct. Therefore, if any participant participates in any of the following activities he/she may be sent home to their guardian's expense.

- Weapons possession
- Sexual contact
- Stealing
- Controlled substance possession/abuse
- Leaving without permission
- Vandalism
- Fighting With/Abusing Others
- Any activity that event leaders deem worthy of dismissal

Because of Chase Oaks Church's basic code of acceptable conduct, a participant's luggage and belongings are subject to examination by a leader if there is any question about the contents therein.

Parent or Guardian Initials _____

Participant Initials _____

All information provided and is true and correct to the best of my/our knowledge. I/We agree to comply with all requirements.

Printed Participant Name _____

Printed Parent or Guardian Name _____

Signature of Participant _____

Signature of Parent or Guardian _____

Date _____

Date _____

Health History Form



Group Name: _____

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Name: _____ Birthdate: ____/____/____ Gender: _____ Age at camp: _____
 Height: _____ Weight: _____

Parent or Guardian: _____ Phone: (____) _____

Email: _____ Work Phone: (____) _____

Permanent Address: _____

Number and Street City State Zip

Address during camp (if different from above): Phone: (____) _____

Number and Street City State Zip

EMERGENCY CONTACT: _____ Phone: (____) _____

Relationship: _____ Work Phone: (____) _____

Home address: _____

Number and Street City State Zip

IF NOT AVAILABLE, NOTIFY: _____ Phone: (____) _____

Relationship: _____ Work Phone: (____) _____

Home address: _____

Number and Street City State Zip

Medical Insurance: _____ Insured's Name: _____

Policy #: _____ Phone: (____) _____

➡ **Photocopy of front and back of insurance card MUST be attached to this form**

GENERAL QUESTIONS (Explain "yes" answers below giving dates and events surrounding incident)

Has/does/is the participant:

	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur or other heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had joint problems (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Allergic to anything?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have problems sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. If female, have an abnormal menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional or psychiatric difficulties	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Any other pertinent info not listed here?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain ALL marked answers: _____

Name: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Name of dentist/orthodontist: _____ Phone: (____) _____

Name of family physician: _____ Phone: (____) _____

Date of last physical examination: _____

Suggestions or health related information for camp personnel: _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Bring medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a routine basis. This person **takes medications** as follows:

Med #1: _____

Reason for taking: _____

Med #2: _____

Reason for taking: _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

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.

Emergency authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp.

Signature of Parent/Guardian: _____

Witness: _____ **Date:** _____

I also understand and agree to abide with the restrictions placed on my camp activities

Signature of minor/camper: _____

**Camp Eagle
6424 Hackberry Rd.
Rocksprings, TX 78880
830-683-3219**

CAMP EAGLE
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

This Release and Waiver of Liability and Indemnity Agreement (the "Release") is made to release all liability for death, bodily injury, or damage of any kind that may arise while I or my children are on that certain property consisting of approximately 1,384 acres, and known locally as Camp Eagle in Real County, Texas (the "Property"). I understand and agree that the term "Property" as used in this Release includes, but is not limited to, the following Property improvements or features, in addition to the land itself : (i) roads and roadways, (ii) paths and trails, (iii) waterways, docks, diving boards and diving platforms, (iv) swimming pools, (v) buildings, (vi) stables, (vii) barns, (viii) fencing, (ix) recreational facilities, (x) other improvements, and (xi) areas contiguous or appurtenant to the Property that may be used by Camp Eagle personnel in furtherance of a program, function, or activity . The Property is owned by Eagle Blue Limited Partnership, a Texas Limited Partnership, and leased by Camp Eagle, a nonprofit, religious based organization. Camp Eagle uses the Property as a Christian youth summer camp, a camp for people of all ages, a retreat, and a recreational facility. Both Eagle Blue Limited Partnership and Camp Eagle are collectively referred to in this Release as the "Owner."

In consideration for being permitted to enter onto the Property, I make the following agreements:

1. I, individually, and as the parent or legal guardian of the minor children named below, agree that all of the agreements made in this Release are made by me individually, **and** on behalf of each of my minor children named below. *My use of the word "I" in this Release shall refer to myself and each of the minor children named below; and*
2. I waive all rights and privileges I may have to bring any lawsuit, cause, or claim of any kind against the Owner or the Owner's representatives, agents, employees, staff, officers, directors, or counselors for any damage, loss, cost, expense, fees, and liability of any nature, kind, or type, whether known or unknown, and whether now existing or that may arise in the future, in connection with or arising from my death, bodily injury, property damage, and other damage, occurring while I am on the Property; and
3. I release the Owner and the Owner's representatives, agents, employees, staff, officers, directors, and counselors from all damage, loss, cost, expense, fees, and liability of any nature, kind or type, whether known or unknown, and whether now existing or that may arise in the future, in connection with or arising from my death, bodily injury, property damage, and other damage, occurring while I am on the Property; and
4. I indemnify and hold the Owner and the Owner's representatives, agents, employees, staff, officers, directors, and counselors harmless from all damage, loss, cost, expense, fees, or liability of any nature, kind or type, whether known or unknown, and whether now existing or that may arise in the future, in connection with or arising from my death, bodily injury, property damage, and other damage, occurring while I am on the Property; and
5. *I assume full responsibility for any and all risk of bodily injury, death, property damage, and other damage to me, including all loss, cost, expense, fees, or liability of any nature, kind, or type, whether known or unknown, and whether now existing or that may arise in the future, occurring while I am on the Property.*

I understand and acknowledge that activities such as [but not limited to] kayaking, canoeing, swimming, hiking, backpacking, volley ball, rock climbing, rappelling, exploring caves or spelunking, "zip" lining, riding horses, being around horses, participating in "paint ball" games, driving or riding "4 wheelers", or all terrain vehicles, motorcycles, and similar vehicles are inherently dangerous activities and involve a large degree of risk of death, bodily injury, property damage, and other damage. I agree that the terms of this Release are intended to be as broad and inclusive as permitted by Texas law, and to provide as comprehensive a waiver, release, and indemnification of the Owner as is possible. I hereby give my consent for the Owner to use any photograph, videotape, or likeness of myself or my children, without compensation or remuneration, in advertising or promoting Camp Eagle, or any program or activity offered at Camp Eagle.

I have read and voluntarily signed this Release, without any pressure or coercion whatsoever. There have been no oral representations, promises, statements, or inducements made to me, or to any other third party, to encourage, support, or facilitate my signing of this Release, other than as a condition of my entering onto [or my minor child(ren) entering onto] the Property. In case any one or more of the provisions contained in this Release shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions in this Release, and this Release shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein. This Release shall be binding upon my heirs, estate, executors, guardians, administrators, legal representatives, successors, and assigns.

I HAVE CAREFULLY READ THIS RELEASE. I UNDERSTAND THAT, AMONG OTHER THINGS, IT IS A WAIVER AND RELEASE OF ALL OF MY POTENTIAL CLAIMS FROM ME, INDIVIDUALLY, AND ON BEHALF OF MY CHILDREN NAMED BELOW, AGAINST THE OWNER FOR DEATH, PERSONAL INJURY, PROPERTY DAMAGE, AND OTHER DAMAGE. I UNDERSTAND THAT I AM INDEMNIFYING AND HOLDING THE OWNER HARMLESS FROM ANY AND ALL POTENTIAL LIABILITY OF ANY KIND ARISING FROM OR IN CONNECTION WITH MY DEATH, BODILY INJURY, PROPERTY DAMAGE, AND OTHER DAMAGE. I AM EXPRESSLY ASSUMING ALL RISKS INHERENT, WHETHER KNOWN OR UNKNOWN, IN BEING ON THE PROPERTY AND PARTICIPATING IN ACTIVITIES ON THE PROPERTY.

PARENT/LEGAL GUARDIAN or PARTICIPANT:

ON BEHALF OF MINOR CHILD(REN), if applicable:
(name of each minor child(ren))

SIGNATURE: _____

Printed Name: _____

Printed Name: _____

Printed Name: _____

Date: _____

Printed Name: _____