



PARTICIPANT REGISTRATION FORM

PLEASE MAIL FORMS & CAMP TUITION TO: CHOSEN INTERNATIONAL • P.O. BOX 5515 • GRANTS PASS, OR 97527

DEADLINE TO REGISTER IS JUNE 3RD. CAMP TUITION IS \$150. Space is limited. Please completely fill out all forms (Registration; Health History; Code of Conduct and “Hoodie” Order Form). Sign ALL forms and mail with Camp Tuition to: CHOSEN International, P.O. Box 5515, Grants Pass, OR 97527.

PLEASE MAKE SURE YOU GIVE US AN EMAIL ADDRESS FOR US TO SEND CONFIRMATION.

PARTICIPANT INFORMATION

PARTICIPANTS FULL NAME (FIRST/LAST) _____ BIRTHDATE: _____

PREFERS TO BE CALLED (IF DIFFERENT FROM FULL NAME) _____ GENDER: M F AGE: _____ GRADE LEVEL: _____

PARENT/GUARDIAN(S) NAME _____

BEST CONTACT PHONE: _____ ALTERNATE PHONE: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT (OTHER THAN PARENT(S)/GUARDIAN)

NAME: _____ RELATIONSHIP TO PARTICIPANT _____ CONTACT PHONE: _____

NEEDS ASSESSMENT

We want to be sensitive and supportive of the needs of each participant. Please help us by providing some background information.

PLEASE NOTE: **CHOSEN is not able to accept any teens with extreme emotional or behavioral problems.** We ask that you do not apply if there has ever been any indication that it is possible that your teen could put others or themselves at risk. Thank you for your cooperation.

AGE AT ADOPTION: _____ NUMBER OF SIBLINGS: _____ NUMBER ADOPTED: _____

TYPE OF ADOPTION: (PLEASE CHECK ALL THAT APPLY) PRIVATE FOSTER CARE INTERNATIONAL - Country? _____

PLEASE TELL US ABOUT YOUR TEEN. **You may use the back of the form if needed.** Include things CHOSEN Staff should be made aware, i.e. changes in family life, learning disabilities, phobias, etc.

SPIRITUAL BACKGROUND: _____

HOW DID YOU HEAR ABOUT CHOSEN/CAMP? _____

RELEASE INFORMATION

TRANSPORTATION: Participant will only be released to parents/guardians and emergency contacts listed on this form. (Use a separate piece of paper if necessary). Parents/Guardians must give written permission to **CHOSEN** if they desire anyone other than themselves to transport participants home from camp. You must have picture ID available at time of checkout.

SCHOLARSHIP INFORMATION: See our website “EVENTS” page at www.ChosenInternational.org

PARENTS/GUARDIANS SIGNATURE: _____ DATE _____

I agree to obey the rules and restrictions of the **CHOSEN International Camp Program** I am attending. SEE CODE OF CONDUCT FORM.

PARTICIPANTS SIGNATURE: _____ DATE _____

MEDIA RELEASE: I give permission for photographs or video taken that includes my teen to be used by **CHOSEN International** for promotional purposes.

PARENTS/GUARDIANS SIGNATURE: _____ DATE _____



CAMPER HEALTH HISTORY FORM

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PARTICIPANT'S HEALTH AND MEDICAL INFORMATION IS REQUIRED FOR CAMP PARTICIPATION. CAMP PERSONNEL WILL HOLD THIS INFORMATION IN CONFIDENCE. PLEASE MAKE SURE TO FILL OUT COMPLETELY, SIGN AND DATE.

CONTACT INFORMATION

PARTICIPANTS FULL NAME (FIRST/LAST) _____

PARTICIPANTS NICKNAME/FOR NAME TAGS _____ GENDER: M F AGE: _____ GRADE LEVEL: _____

PARENTS/GUARDIANS NAME _____

BEST CONTACT PHONE: _____ ALTERNATE PHONE: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT (OTHER THAN PARENT(S)/GUARDIAN)

NAME: _____ RELATIONSHIP _____ CONTACT PHONE: _____

HEALTH/MEDICAL HISTORY

DOES PARTICIPANT HAVE ANY ALLERGIES (food, medicinal, other)? (PLEASE ✓ CHECK ONE) YES NO

IF SO, PLEASE LIST ALLERGIES, REACTION AND RESPONSES TO REACTION. *You may use the back of the form if needed.*

Has participant ever had seizures? (PLEASE ✓ CHECK ONE) YES NO

LIST ALL MEDICATION THAT ARE TAKEN ROUTINELY. (INCLUDING OVER THE COUNTER OR NON-PRESCRIPTION DRUGS)

PLEASE NOTE: **Medicine brought to camp must be in original packaging that identifies prescribing physician, name of medicine, dosage and frequency of administration.**

(✓ CHECK HERE IF PARTICIPANT DOES NOT TAKE ANY MEDICATIONS.)

MEDICATION #1 _____ DOSAGE _____ TIME TAKEN _____

REASON FOR TAKING _____

MEDICATION #2 _____ DOSAGE _____ TIME TAKEN _____

REASON FOR TAKING _____

MEDICATION #3 _____ DOSAGE _____ TIME TAKEN _____

REASON FOR TAKING _____

Is teen current with immunizations? DTP (Diphtheria, Tetanus, Pertussis) YES NO Date Required: ____ / POLIO YES NO / MMR (Measles, Mumps, Rubella) YES NO / HEP B YES NO / CHICKEN POX YES NO

Is there any restriction of activity due to disability and/or for medical reasons? _____

Headaches, cramps and upset stomachs can be common camper complaints. Do you give permission for camp nurse to administer: Tylenol/Advil/Tums as deemed necessary? YES NO IF YES, PLEASE INITIAL HERE _____

INSURANCE PROVIDER: _____ PHONE: _____

ID # _____ GROUP/POLICY # _____

POLICY HOLDER'S NAME: _____ RELATIONSHIP TO CHILD/PARTICIPANT: _____

PHYSICIAN / HEALTH CARE PROVIDER'S NAME: _____ PHONE: _____

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE (PARENT/GUARDIAN SIGNATURE REQUIRED IN ORDER FOR TEEN TO PARTICIPATE IN CAMP)

This health history is correct so far as I know, and (Participant's Name) _____ has permission to engage in all camp activities except if otherwise noted above. In the event I cannot be reached in an emergency, I hereby give permission to the physician and/or medical personnel selected by camp director/nurse to arrange or provide necessary transportation, order x-rays, routine tests, release any records necessary for insurance purposes, to secure and administer treatment, including hospitalization, for my child (Participant's Name) _____.

This form may be photocopied as needed by camp staff or medical personnel. I understand that **CHOSEN International** does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any such fees arising from injury or illness that may occur.

I recognize the inherent risk of participating in camp activities and understand that **CHOSEN International** has provided safety measures to ensure the safety of every participant. I release **CHOSEN International**, Eagle Fern Camp, their staff and advisory board from liability for any injury, loss or damage to the above named person or personal property resulting from participating in activities associated with **Chosen International/Eagle Fern Camp**.

LEGAL PARENTS/GUARDIANS SIGNATURE: _____ DATE _____



CODE OF CONDUCT

PLEASE MAIL FORMS & CAMP TUITION TO: CHOSEN INTERNATIONAL • P.O. BOX 5515 • GRANTS PASS, OR 97527

CONTACT INFORMATION

CAMPERS FULL NAME: _____ GENDER: M F AGE: _____ GRADE LEVEL: _____

PARENTS NAME: _____

ADDRESS: _____

BEST CONTACT PHONE: _____ EMAIL: _____

CODE OF CONDUCT AGREEMENT

IMPORTANT: CAMPER & PARENT/GUARDIAN MUST READ AND SIGN/DATE

I agree to abide by the following rules of **CHOSEN International** for the entirety of the camp:

- I will do my very best to come with a spirit of anticipation and cooperation for the weekend. If possible, I will take part in all camp activities.
- I will listen to and follow the direction of **CHOSEN International** camp staff. If I have a disagreement or concern, I will discuss it with my counselor, who, if necessary, will take it to those in leadership.
- I agree to abstain from electronic devices for the weekend: ipods, hand-held video games, computers, cell phones (no texting), etc. (Phone use can be arranged with camp staff as needed.)
- No chewing gum or tobacco, drinking, smoking, drugs of any kind (except as noted on the health form.)
- Swearing or other inappropriate language will not be permitted. (If this is violated repeatedly, you will have a discussion with the camp director.)
- No boys in girls rooms; No girls in boys rooms—at any time!
- I will show respect to the speakers and musicians by abstaining from talking or other distracting behaviors during group meetings. (They are all volunteers, as are other camp staff.)
- I will not litter!

CAMPERS SIGNATURE: _____ DATE _____

I understand if my teen repeatedly demonstrates an unwillingness to abide by camp rules, the camp staff/CHOSEN leadership may deem it necessary for me to pick my teen up from Eagle Fern Camp as soon as possible.

LEGAL PARENTS/GUARDIANS SIGNATURE: _____ DATE _____



ADDITIONAL CAMP INFORMATION

PLEASE MAIL FORMS & CAMP TUITION TO: CHOSEN INTERNATIONAL • P.O. BOX 5515 • GRANTS PASS, OR 97527

PARTICIPANT'S FULL NAME: _____ GENDER: M F AGE: _____ GRADE LEVEL: _____

BEST CONTACT PHONE: _____ EMAIL: _____

DEADLINE TO REGISTER IS JUNE 3RD. The Camp will begin Thursday afternoon on June 16th. More details will be sent by email. MAKE SURE YOU HAVE AN EMAIL ADDRESS LISTED THAT YOU CAN RECEIVE INFORMATION. LET US KNOW IF YOU REQUIRE ANOTHER MEANS OF CONTACT.

Eagle Fern Camp is located near Estacada, Oregon, about twenty miles southeast of Portland toward Mt. Hood. **For detail directions to camp, visit their website: www.eagleferncamp.com.**

DOES YOUR TEEN REQUIRE TRANSPORTATION? YES NO City Location: _____

We are working on transportation details. Please contact us if your church has a vehicle (van/bus) and/or driver that could be used for transportation to Eagle Fern Camp in Estacada, OR. We will be sending out information regarding transportation to only those who have requested it.

If you have not heard from us regarding transportation by Friday, June 10th, and require transportation, please contact us at 541.218.1355.

“Something extraordinary happens when adoptees connect with one another. There is an unspoken bond. A feeling of camaraderie. A reassurance of being understood. A sense of belonging. This may be difficult for the non-adopted person to understand, but there is something almost mystical that happens when two or more adoptees gather together.” - Sherrie Eldridge

“Friendship is born at that moment when one person says to another: “What! You, too? I thought I was the only one.”
- C.C. Lewis

Campers will be coming from all over the country and very few will know anyone else ahead of time. However, the above quotes most definitely apply as there is a unique and immediate camaraderie that develops at CHOSEN Teen Camps unlike any other camp.

TEEN: Please do not allow hesitation about not knowing anyone stop you from attending this “one of a kind” camp that is an absolute amazing experience. You will not regret your decision to attend CHOSEN Teen Camp 2011!



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CONTACT INFORMATION

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BEST CONTACT PHONE: _____ EMAIL: _____

CHOSEN “HOODIES” SIZE INFO / ORDER INFO



COMPLIMENTARY CHOSEN “HOODIES”

FRONT: CHOSEN 1 Peter 2:9

BACK: “It isn’t where you come from, it’s where you’re going that counts.” Ella Fitzgerald

We need to know your size to order. Please be aware that these are adult unisex sweatshirt sizes that run about one size smaller than men’s normal, and are subject to some shrinkage.

CAMPER’S HOODIE (NO CHARGE):

- SMALL
- MEDIUM
- LARGE
- EXTRA LARGE
- XXLARGE