



# UPWARD BOUND CAMP

P.O. Box C, Stayton OR 97383  
Phone (503) 897-2447 Fax (503) 897-4116  
Email: camp@upwardboundcamp.org

OFFICE USE ONLY	
Received by: _____	
Date Received: _____	
Payment Received: Y N	

A NON-REFUNDABLE REGISTRATION DEPOSIT OF \$232.25 IS REQUIRED TO COMPLETE THE REGISTRATION.  
REGISTRATION DEPOSIT WILL BE APPLIED TO BALANCE OF CAMPER FEES.  
Sending in this registration form does not guarantee camper placement.

## CAMPER INFORMATION

Registration correspondence should be sent to address of:  Camper  Guardian  Group Home

Camper's Full Name: \_\_\_\_\_ Birth Date: (MM/DD/YYYY) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender of Camper (check one)  Male  Female

Camper T-Shirt Size (check one)  S  M  L  XL  2X  3X

Bunk accomdation:  Tent Bottom  Indoor Bottom  Indoor Top  Brings own tent

Refferal Source:  Web  Friend  Easter Seals  Fair/Expo  DD Services

UBC Event  Other: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Is camper own guardian?  Yes  No

Would you like to subscribe to our e-newsletter?  
 Yes Please  No Thank You

Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Preference:  Phone  Email  US Mail

Joint Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Preference:  Phone  Email  US Mail

If parents are divorced, who has custody during camper's time at camp? \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ SSN #: \_\_\_\_\_

## EMEGENCY CONTACT INFORMATION

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

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

## PAYMENT INFORMATION

How will you pay for Camp?  Self-Pay  Brokerage  County DDS

Other (specify): \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Email: \_\_\_\_\_

Agency Fax: \_\_\_\_\_ Agency Address: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Additional information you would like to share: (general expectations/questions/concerns with regards to Camp Activities):

Camper's favorite activity at home: \_\_\_\_\_

Favorite activity away from home: \_\_\_\_\_

Other camps camper has or will attend: \_\_\_\_\_

How do you know the camper wants to attend UBC? \_\_\_\_\_

We want you to see your friends at UBC. Is there someone you would like to be scheduled with?

Are there any obstacles to scheduling we should be aware of (i.e. personal conflicts w/other attendees, home sickness, fears, etc.)?

Please check all that apply:

Camper may participate in Swimming?  Y  N If no please explain: \_\_\_\_\_

Camper may participate in Boating?  Y  N If no please explain: \_\_\_\_\_

Camper may participate in Wading?  Y  N If no please explain: \_\_\_\_\_

Camper may participate in Archery?  Y  N If no please explain: \_\_\_\_\_

Camper may participate in Horseback Riding (not offered at all sessions).  Y  N  
If no please explain: \_\_\_\_\_

I, camper \_\_\_\_\_ and my legal guardian \_\_\_\_\_ understand that all activities occurring at Upward Bound will be supervised and coordinated by qualified individuals. I agree to release and hold Upward Bound Camp, Evans Creek Retreat, and all firms and corporations associated therewith, including, but not limited to, the employees, contracted service providers and volunteers of Upward Bound Camp fully harmless from any injury, claim, legal fees, or damage (personal or property) whatsoever, including death, which may result from me/my participant as a consequence of participating in any of the above listed activities. I acknowledge and agree that the above activities may be inherently dangerous, and I agree to fully assume all risk, chance, hazard, and responsibility associated with participating in those activities. The above named camper voluntarily enters the premises, fully aware of potential risks. The participant hereby voluntarily assumes all risks and agrees that this release shall be binding upon his/her/or their executors and administrators signing

\_\_\_\_\_  
Signature of Parent, Legal Guardian, or Independent Adult Camper

\_\_\_\_\_  
Date

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