



UPWARD BOUND CAMP

40151 Gates School RD Gates, OR 97346
Phone (503) 897-2447 Fax (503) 897-4116
Email: camp@upwardboundcamp.org

OFFICE USE ONLY	
Received by:	_____
Date received:	_____
Date reviewed:	_____

A NON-REFUNDABLE REGISTRATION DEPOSIT OF \$232.25 IS REQUIRED TO COMPLETE THE REGISTRATION FOR ALL PRIVATE PAY CAMPER.

REGISTRATION DEPOSIT WILL BE APPLIED TO BALANCE OF CAMPER FEES

BROKERAGE/DDS/CIIS CAMPER ARE NOT REQUIRED TO SEND IN A REGISTRATION DEPOSIT.

Sending in this registration form does not guarantee camper placement.

Name of person completing this form: _____ Phone #: _____

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: _____ Zip: _____

Phone: _____ Email: _____

Gender of Camper (check one) Male Female

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

Bunk accommodation: Tent Bottom* Indoor Bottom Indoor Top Brings own tent*

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

UBC Event Other: _____ *Pending

PARENT/GUARDIAN INFORMATION

Is camper own guardian? Yes No

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 #: _____

EMERGENCY 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: _____

R
E
G
I
S
T
R
A
T
I
O
N

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

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,

Please check all that apply:

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

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

Camper may participate in Boating 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: _____

Please check the camp sessions you would like to attend. How many sessions will you be attending this year? ___
CAMPS FOR 2019

- | | | |
|--|------------------------------|--|
| ___ June 18-21 \$696.75 | ___ July 29- Aug 2 \$929 | ___ October 14-17 \$696.75 |
| ___ June 24-28 \$929 | ___ August 5-9 \$929 | ___ October 25-29 Harvest \$929 |
| ___ July 1-5 Independence Day \$929 | ___ August 12-16 \$929 | ___ November 27-30 Thanksgiving \$696.75 |
| ___ July 8-12 \$929 April 19-22 Easter | ___ August 19-23 \$929 | ___ December 9-12 \$696.75 |
| ___ July 15-19 \$929 | ___ September 9-12 \$696.75 | ___ December 24-26 Christmas \$464.50 |
| ___ July 22-26 \$929 | ___ September 16-19 \$696.75 | |

Day camp is available most weeks on Tuesdays, Wednesdays & Thursdays 9 AM - 3 PM. Cost is \$125 per day. Contact the Upward Bound Office at (503) 897-2447 to request registration forms and reserve day or extended sessions.

I, **CAMPER NAME:** _____ 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 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. I authorize Upward Bound Camp staff to provide emergency medical treatment if required during a camp session. 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 below.

Signature of Parent, Legal Guardian, or Independent Adult Camper

Date

R
E
G
I
S
T
R
A
T
I
O
N