

April 10, 2022

Dear Parents,

Camp Eyabsut 2022 is just about 3 months away!! Just like last year, we will need to adhere to WA State Dept of Health Covid-19 residential camp guidelines and additional requirements from Camp Waskowitz. Between now and camp, I will be in constant contact with the Waskowitz team to be sure that we understand and can comply with all guidelines that will be in place during our week at camp. I will also relay all of that information to you once we know the plan.

Camp Eyabsut is scheduled for **July 17-23, 2022** at the Camp Waskowitz facility in North Bend, WA. We are planning a fun-filled week for our campers around this year's theme "**EyabZoot – Call of the Wild**"!

Please see the attached application, physical form and consent waivers. We will need **all** forms filled out **COMPLETELY** and returned by no later than **Monday, June 13, 2022**.

NOTE: If your child requires air travel, we need that information by no later than **Friday, May 27, 2022** so we can make those arrangements. There will be no bus transportation this year from Federal Way. All campers in Washington, Idaho and northern Oregon must arrive by car. We can help with matching you up with a carpool if needed.

We are looking forward to a super week and spending time with the best kids in the world!!

There are 2 ways to return your application this year ...

1. **Scan and email it to:** eyabsut@gmail.com
2. **Fax it to:** **877-449-3896**

If you have any questions or concerns, please don't hesitate to contact us by calling 206-251-2542 or emailing - eyabsut@gmail.com

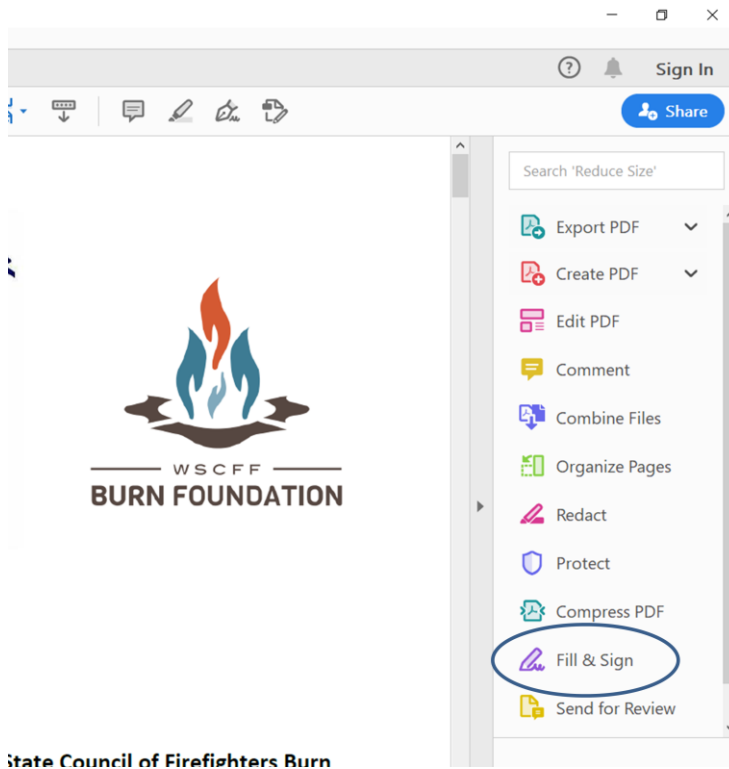
Sincerely,

Jeanette Day aka JD
Camp Director

Matt Ricks
WSCFFBF Board President

To fill out online and return by email:

1. Download the PDF form to your desktop. Open using Acrobat Reader. On the right side of Acrobat, look for "Fill and Sign"



2. Fill out the form by putting your cursor into a field, type your info, select next field.
3. To sign, a Sign option becomes visible when you are editing the PDF. Click Sign and you will be able to add a Signature and Initials using your mouse to draw them. Once you save those, you can drag them to the appropriate place in the form as needed. If you need help, just ask your kids 😊 or you can call me at 206-251-2542
4. Once the form is completely filled out, Save the Form back to your desktop. Open a new email message, upload the PDF and send to eyabsut@gmail.com

To fill out and fax:

1. Complete steps 1-3 above
2. Once the form is completely filled out, Save the Form back to your desktop. Print a copy and fax to 877-449-3896

FAX TO: 877-449-3896
EMAIL TO: EYABSUT@GMAIL.COM
Camp Dates: July 17 - July 23, 2022

2022 CAMP EYABSUT – CAMPER APPLICATION

CAMPER NAME: _____ BOY GIRL BIRTH DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ HOME PHONE: _____ EMAIL: _____

PERSON CAMPER IS LIVING WITH: _____ RELATIONSHIP: _____

ETHNICITY WITH WHICH YOUR CHILD MOST IDENTIFIES (PLEASE CHECK ONE): AFRICAN AMERICAN/ BLACK LATINO/HISPANIC

ASIAN/ PACIFIC ISLANDER WHITE/ CAUCASIAN AMERICAN INDIAN/ALASKA NATIVE OTHER: _____

PRIMARY LANGUAGE SPOKEN BY CHILD? _____ BY ADULT? _____

MOTHER'S NAME: _____ HOME PHONE: _____ CELL PHONE: _____

MOTHER'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____ CELL PHONE: _____

FATHER'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

OF PEOPLE IN HOUSEHOLD: _____ SIBLING NAMES: _____

EMERGENCY PHONE NUMBERS (OTHER THAN HOME PHONE AND PARENT WORK NUMBERS):

NAME: _____ PH.# () _____ RELATION TO CHILD: _____

NAME: _____ PH.# () _____ RELATION TO CHILD: _____

CHILD'S T-SHIRT SIZE (ADULT SIZES): _____ CHILD'S SHOE SIZE: _____ CHILD'S WEIGHT: _____

HAS YOUR CHILD ATTENDED THE CAMP EYABSUT BEFORE? YES NO

IF NO, HOW DID HE/SHE HEAR ABOUT IT? _____

IS YOUR CHILD EXCITED TO COME TO CAMP? YES NO

HAS YOUR CHILD ATTENDED OTHER SUMMER CAMPS? YES NO PLEASE TELL US WHICH CAMP, DATES AND LOCATION:

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES? _____

HOW CAN WE BE MOST HELPFUL TO YOUR CHILD AT CAMP? _____

WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING & WHAT GRADE IS HE/SHE IN? _____

HAS YOUR CHILD BEEN HAVING ANY PROBLEMS IN SCHOOL? ANY ISSUES WITH BULLYING, DRUGS, ALCOHOL, SMOKING ETC? PLEASE EXPLAIN:

FAX TO: 877-449-3896
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CAMP EYABSUT 2022 - CAMPER MEDICAL HISTORY & TREATMENT

PHYSICIAN'S NAME: _____ PHONE #: (____) _____

PHYSICIAN'S ADDRESS: _____ CITY: _____ STATE: _____

DENTIST/ ORTHODONTIST NAME: _____ PHONE #: (____) _____

DENTIST'S ADDRESS: _____ CITY: _____ STATE: _____

INSURANCE INFORMATION

IS THE CHILD COVERED BY FAMILY MEDICAL INSURANCE? YES NO

IF YES, CARRIER OR PLAN NAME: _____ GROUP #: _____

INSURANCE ADDRESS: _____ PHONE #: (____) _____

PLEASE TELL US ABOUT YOUR CHILD'S BURN INJURY: DATE OF CHILD'S BURN INJURY _____

% BODY SURFACE BURNED _____ WHERE WAS YOUR CHILD HOSPITALIZED? _____

LENGTH OF HOSPITAL STAY _____ AREA OF BODY AFFECTED BY THE BURN: _____

CAUSE OF THE BURN INJURY: _____

DOES THIS CHILD WEAR ANY SPLINTS, PRESSURE GARMENTS OR HAVE ANY OPEN WOUNDS THAT REQUIRE DRESSINGS? PLEASE CHECK ALL THAT APPLY: SPLINTS PRESSURE GARMENTS OPEN WOUNDS NONE

INDICATE ITEM(S) THAT WILL BE SENT TO CAMP AND SCHEDULE: _____

IS YOUR CHILD CURRENTLY RECEIVING PHYSICAL OR OCCUPATIONAL THERAPY? YES NO

IF YES, WILL THIS CHILD REQUIRE PHYSICAL THERAPY WHILE AT CAMP? YES NO IF YES, PLEASE DESCRIBE: _____

FOR GIRLS: HAS YOUR CHILD MENSTRUATED? YES NO NORMAL HISTORY: _____

PLEASE LIST ALL KNOWN ALLERGIES: DESCRIBE THE REACTION AND MANAGEMENT OF THE REACTION

MEDICATION ALLERGIES (LIST)

FOOD ALLERGIES (LIST)

OTHER ALLERGIES (LIST) - INCLUDE INSECT STINGS, HAY FEVER, ASTHMA, ANIMAL DANDER, ETC. _____

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CAMP EYABSUT 2022 - CAMPER MEDICAL HISTORY & TREATMENT CONTINUED

LIST PRESCRIPTION DRUGS, THE NAME OF THE MEDICATION, THE DOSAGE, AND THE FREQUENCY OF ADMINISTRATION.

_____ MY CHILD TAKES NO MEDICATIONS ON A ROUTINE BASIS.

MY CHILD TAKES MEDICATIONS AS FOLLOWS:

MED # 1: DOSAGE: SPECIFIC TIMES TAKEN @ DAY: _____ REASON FOR TAKING: _____

MED # 2: DOSAGE: SPECIFIC TIMES TAKEN @ DAY: _____ REASON FOR TAKING: _____

MED # 3: DOSAGE: SPECIFIC TIMES TAKEN @ DAY: _____ REASON FOR TAKING: _____

PLEASE ATTACH ADDITIONAL PAGES FOR MORE MEDICATIONS.

IDENTIFY ANY MEDICATIONS TAKEN DURING THE SCHOOL YEAR THAT PARTICIPANT DOES NOT TAKE DURING THE SUMMER: _____

RESTRICTIONS - THE FOLLOWING RESTRICTIONS APPLY TO THIS CHILD:

DIETARY ___ DOES NOT EAT RED MEAT ___ DOES NOT EAT PORK ___ DOES NOT EAT EGGS ___ DOES NOT EAT POULTRY
___ DOES NOT EAT SEAFOOD ___ DOES NOT EAT DAIRY PRODUCTS ___ OTHER _____

EXPLAIN ANY RESTRICTIONS TO ACTIVITY (WHAT CANNOT BE DONE, WHAT ADAPTATIONS OR LIMITATIONS ARE NECESSARY):

HOW WOULD YOU DESCRIBE YOUR CHILD'S ADJUSTMENT TO HIS/HER BURN INJURY?

DOES YOUR CHILD HAVE A MARKED FEAR OF ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

___ THE DARK ___ BEING ALONE ___ THUNDERSTORMS ___ OTHER _____

DOES YOUR CHILD REQUIRE ONE-ON-ONE SUPERVISION? ___ YES ___ NO

DOES YOUR CHILD HAVE DIFFICULTY FALLING ASLEEP? ___ YES ___ NO

DOES YOUR CHILD (CHECK ALL THAT APPLY): ___ BEDWETTING ___ SNORE ___ SLEEPWALK

HAS YOUR CHILD EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (CHECK ALL THAT APPLY):

___ ADD/ADHD ___ DEPRESSION ___ ANXIETY ___ OPPOSITIONAL DEFIANT DISORDER ___ OTHER (PLEASE SPECIFY)

HAS YOUR CHILD RECEIVED TREATMENT (MEDICATION OR COUNSELING)? PLEASE EXPLAIN:

HAS YOUR CHILD EVER RECEIVED PROFESSIONAL COUNSELING? ___ YES ___ NO IF YES, DATES OF TREATMENT? _____

FOCUS OF TREATMENT: _____

IS YOUR CHILD CURRENTLY DEALING WITH ANY SPECIAL LIFE ISSUES? PLEASE CHECK ALL THAT APPLY:

___ PARENTAL DIVORCE ___ DEATH ___ PEER PRESSURE ___ SCHOOL PRESSURE ___ LEARNING DISABILITY ___ ALCOHOL USE

___ DRUG USE ___ TOBACCO USE ___ OTHER/PLEASE SPECIFY _____

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2022 CAMP EYABSUT – PARENT CONSENT FORM

PLEASE READ THROUGH THE FOLLOWING STATEMENTS AND INITIAL ON THE LINE NEXT TO EACH STATEMENT. IN ORDER FOR YOUR CHILD’S APPLICATION TO BE ACCEPTED, PAGE MUST BE FILLED OUT FULLY AND SIGNED BY THE CAMPER’S PARENT/GUARDIAN.

GUARDIAN/PARENT INITIALS REQUIRED	EACH ITEM MUST BE INITIALED TO SIGNIFY UNDERSTANDING / APPROVAL.
	I GIVE MY APPROVAL AND CONSENT FOR _____ TO ATTEND CAMP EYABSUT. CAMPER’S NAME
	MY CHILD UNDERSTANDS AND AGREES TO ABIDE BY ANY RESTRICTIONS PLACED ON HIS/HER PARTICIPATION IN CAMP ACTIVITIES. MY CHILD UNDERSTANDS AND AGREES TO OBEY AND ABIDE BY ALL CAMP RULES AND GUIDELINES.
	I UNDERSTAND THAT INFORMATION IN THIS APPLICATION WILL BE SHARED WITH CAMP STAFF.
	I UNDERSTAND IF MY CHILD LOSES AN ITEM AT CAMP THAT THE STAFF WILL DO EVERYTHING POSSIBLE TO LOCATE THAT ITEM BEFORE CAMP ENDS BUT IS NOT REQUIRED TO REPLACE OR COMPENSATE FOR ANY ITEM THAT IS NOT LOCATED.
	I AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR INSURANCE PURPOSES.
	I GIVE PERMISSION TO THE CAMP TO ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. I GIVE PERMISSION FOR MY CHILD TO ATTEND ALL SCHEDULED OFFSITE ACTIVITIES IN THEIR AGE GROUP.
	I UNDERSTAND AND AGREE TO PICK UP MY CHILD FROM CAMP IF THEY ARE ASKED TO LEAVE FOR ANY REASON. IF I AM NOT AVAILABLE, I WILL HAVE A SURROGATE PLANNED TO PICK THEM UP. PICK UP MUST HAPPEN WITHIN 6 HOURS OF REQUEST BY THE CAMP DIRECTOR OR MEDICAL STAFF.
	I UNDERSTAND MY CHILD’S COMPLETE APPLICATION MAY BE PHOTOCOPIED FOR THE MEDICAL STAFF AND TRIPS OFF CAMP GROUNDS.
	I HEREBY GIVE PERMISSION TO THE CAMP MEDICAL STAFF TO PROVIDE ROUTINE HEALTH CARE, ADMINISTER PRESCRIBED MEDICATIONS AND SEEK EMERGENCY MEDICAL TREATMENT INCLUDING ORDERING X-RAYS OR ROUTINE TESTS.
	IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR MY CHILD.
	I AGREE TO PROVIDE THE CAMP NURSE WITH A REPORT OF PHYSICAL EXAMINATION, SIGNED BY A LICENSED PHYSICIAN, DUE BY THE FIRST DAY OF CAMP.
	IN CONSIDERATION FOR THE ACCEPTANCE OF MY CHILD, I HEREBY RELEASE AND WAIVE ANY CLAIM, CAUSE OR ACTION WHICH MAY ACCRUE AGAINST CAMP WASKOWITZ AND/OR CAMP EYABSUT, ANY EMPLOYEE THEREOF OR ANY OTHER PERSONS ACTING WITH THEIR PERMISSION, ARISING OUT OF INJURY DURING HIS/HER STAY AT CAMP, IN TRANSIT TO AND FROM CAMP, OR DURING ANY ACTIVITY APPROVED BY ANY OF SAID PERSONS.
	I DO _____ DO NOT _____ GIVE PERMISSION TO THE WSCFFBF AND CAMP EYABSUT TO USE ANY PICTURES, SILHOUETTE, VIDEO, FILM, OR OTHER REPRODUCTION OF PHYSICAL LIKENESS IN WHICH MY CHILD MAY APPEAR FOR THE PURPOSES OF CAMP FUNDRAISING, CAMP MARKETING AND CAMP ADVOCACY/EDUCATION.
	THE INFORMATION IN THIS APPLICATION IS CORRECT SO FAR AS I KNOW, AND THE CHILD HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL SCHEDULED CAMP ACTIVITY EXCEPT AS NOTED.
	IF REQUIRED, I AGREE TO ALLOW THE CAMP EYABSUT MEDICAL TEAM OR ASSISTING FIRE DEPARTMENT TO TEST MY CHILD FOR COVID-19 USING A “RAPID ANTIGEN TEST” UPON ARRIVAL AT CAMP. THIS MAY BE REQUIRED FOR ENTRY TO CAMP BY WASHINGTON STATE AND THE CAMP WASKOWITZ FACILITY.

I AGREE TO THE ABOVE STATEMENTS AND UNDERSTAND THE CAMPER WILL BE REFUSED ACCEPTANCE TO THE CAMP WITHOUT MY CONSENT.

X _____
PARENT/GUARDIAN’S SIGNATURE REQUIRED

X _____
DATE

X _____
WITNESS

X _____
DATE

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Application Deadline: MONDAY, JUNE 13, 2022

CAMP EYABSUT 2022 - TRAVEL ARRANGEMENT FORM

PLEASE COMPLETE THIS FORM SO FINAL TRAVEL ARRANGEMENTS CAN BE MADE FOR ALL CAMPERS. THERE ARE DIFFERENT LOCATIONS FOR BUS PICK-UP AND DROP OFF. PLEASE CHECK THE LOCATION WHERE YOU WILL BE DROPPING OFF AND PICKING UP YOUR CHILD. A CONFIRMATION OF YOUR DROP OFF AND PICK UP TIMES WILL BE SENT TO YOU.

TRANSPORTATION TO CAMP ON SUNDAY, JULY 18, 2022:

- CAMPER WILL REQUIRE AIR TRANSPORTATION TO CAMP.

AIRPORT NAME: _____ CITY: _____ STATE: _____

- CAMPER WILL BE DROPPED OFF AT CAMP WASKOWITZ, NORTH BEND, WA. REMINDER: CAMPERS SHOULD BE DROPPED-OFF AFTER 1 P.M. SUNDAY, JULY 17, 2022.

TRANSPORTATION FROM CAMP ON SATURDAY, JULY 23, 2022:

- I WILL PICK MY CHILD UP AT THE AIRPORT:

AIRPORT NAME: _____ CITY: _____ STATE: _____

- I WILL PICK MY CHILD UP AT CAMP WASKOWITZ, NORTH BEND, WA. REMINDER: CAMPERS MUST BE PICKED-UP BEFORE 11 A.M., SATURDAY, JULY 23, 2022.

NOTE: WE WILL DO OUR BEST TO SCHEDULE BUSES FROM PORTLAND AND FEDERAL WAY IF AT ALL POSSIBLE. IN THE EVENT WE CAN, I WILL BE CONTACTING YOU DIRECTLY WITH THAT INFORMATION. PLEASE UNDERSTAND THAT IT MAY BE JULY 1 OR SO BEFORE I KNOW IF THIS IS POSSIBLE. UNTIL WE KNOW FOR SURE ABOUT BUSES, PLEASE MAKE PLANS TO DRIVE YOUR CHILD TO CAMP OR MAKE CARPOOL ARRANGEMENTS WITH OTHER CAMPERS IN YOUR AREA. I CAN ASSIST WITH THIS IF NEEDED.

DUE TO A LIMITED BUDGET FOR AIR TRAVEL, CAMPERS REQUIRING AIR TRANSPORTATION MUST COMPLETE THIS FORM AND RETURN IT BY **FRIDAY 27, 2022 TO BE ELIGIBLE FOR AIR TRAVEL. WE CANNOT GUARANTEE AIR TRAVEL FOR CAMPERS RETURNING THIS FORM AFTER THAT DEADLINE.**

AIR Travel Arrangement Deadline: Friday, May 27, 2022

Application Deadline: MONDAY, JUNE 6, 2022

If your camper is new to Eyabsut, please attach a picture of your child to this application.

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CAMP EYABSUT 2022 - PHYSICAL EXAMINATION FORM

This form must be completed and signed by a licensed MD, PA or NP and is **due by the FIRST day of camp.**
Your child will not be able to attend camp without this form.

CHILD'S NAME: _____ BIRTH DATE: _____ BOY GIRL

I EXAMINED THIS INDIVIDUAL ON _____ THE ABOVE APPLICANT IS IS NOT ABLE TO PARTICIPATE IN CAMP.

WEIGHT: _____ HEIGHT: _____ TEMP: _____ PULSE: _____ RESP: _____ BP: _____

THE APPLICANT IS UNDER CARE OF A PHYSICIAN FOR THE FOLLOWING CONDITIONS: _____

CURRENT MEDICATIONS INCLUDE:

MED # 1: _____ DOSAGE: _____ FREQUENCY: _____

MED # 2: _____ DOSAGE: _____ FREQUENCY: _____

CURRENT TREATMENT AT THE TIME OF THIS REPORT INCLUDES: _____

ARE THERE ANY LIMITATIONS IN RANGE OF MOTION DUE TO BURN INJURY OR SCARRING? _____

ARE THERE ANY OPEN WOUND AREAS? _____

PLEASE LIST ANY ALLERGIES: FOOD _____ MEDICATIONS _____

OTHER: (INSECT STINGS, HAY FEVER, ETC) _____

DOES THE APPLICANT HAVE ANY OF THE FOLLOWING CONDITIONS (PLEASE CHECK ALL THAT APPLY):

- DIABETES SEIZURES RESPIRATORY PROBLEMS CHRONIC EAR EPILEPSY HEART DEFECT/DISEASE

COMMENTS: _____

PLEASE LIST THE APPLICANT'S IMMUNIZATION HISTORY (RECORD MONTH & YEAR):

DPT: _____ HIB: _____ POLIO: _____ SMALL POX: _____ MMR: _____ TETANUS: _____

TB TEST: _____ HEPATITIS B: _____ CHICKEN POX (VACCINE OR ILLNESS): _____ OTHER: _____

RECOMMENDATIONS AND RESTRICTIONS AT CAMP:

PLEASE LIST ANY TREATMENT TO BE CONTINUED AT CAMP:

ANY MEDICALLY PRESCRIBED MEAL PLAN/DIETARY RESTRICTIONS: _____

ACTIVITIES TO BE ENCOURAGED OR LIMITED:

ANY OTHER HEALTH INFORMATION: _____

MEDICAL PROVIDER'S SIGNATURE _____ DATE: _____ PHONE: () _____

MEDICAL PROVIDER'S PRINTED NAME & ADDRESS: