



May 3, 2021

Dear Parents,

Yes! We are planning to hold Camp Eyabsut 2021 in person and it's less than 3 months away!! It's going to look a bit different as we will need to adhere to WA State Dept of Health Covid-19 residential camp guidelines and additional requirements from Camp Waskowitz. We believe that everything being asked of us is DOABLE! And we can't wait to see all the campers and staff IN PERSON!!!

Camp Eyabsut is scheduled for **July 18-24, 2021** at the Camp Waskowitz facility in North Bend, WA. We are planning a funfilled week for our campers around this year's theme **"Eyabsut Meets the Wild West!"!**

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 10**, **2021**.

NOTE: If your child requires air travel, we need that information by no later than **Friday, May 24, 2021** 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 only 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 202-251-2542 or emailing - eyabsut@gmail.com

Sincerely,

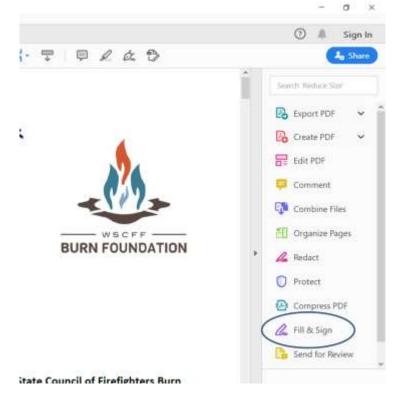
Jeanette Day aka JD Camp Director Matt Ricks

WSCFFBF Board President

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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

2021 CAMP EYABSUT – CAMPER APPLICATION

CAMPER NAME:			□ BOY □GIRL BIRTH DATE:			
Address:			Сіту:		State:	
ZIP:	Home Phone:	HOME PHONE: EMAIL:				
ETHNICITY WITH V	VHICH YOUR CHILD MOST IDE IC ISLANDER □ WHITE/ CA	ENTIFIES (PLEASE CHECK ONE): .UCASIAN □ AMERICAN IND	□ AFRICAN AME DIAN/ALASKA NATI	RICAN/BLACK VE DOTHER:		
PRIMARY LANGUA	AGE SPOKEN BY CHILD!		BY ADU	LIF		
MOTHER'S NAME:		Home Phone:		CELL PHONE:		
MOTHER'S PLACE	OF EMPLOYMENT:	Work Phone:			<u> </u>	
FATHER'S NAME:		HOME PHONE:		_CELL PHONE:		
FATHER'S PLACE O	OF EMPLOYMENT:	Work Pi	HONE:			
	<u></u>	SIBLING				
NAME:		Рн.# <u>(</u>		RELATION TO C	HILD:	
					HILD:	
CHILD'S T-SHIRT S	Size (Adult sizes):	_ CHILD'S SHOE SIZE:		_ CHILD'S WEIGH	нт:	
		UT BEFORE? □YES □ NO				
IS YOUR CHILD EX	CITED TO COME TO CAMP?	□YES □ NO				
Has your child A	ATTENDED OTHER SUMMER (CAMPS? □YES □ NO	PLEASE TELL US WI	HICH CAMP, DATE	ES AND LOCATION:	
WHAT ARE YOUR	CHILD'S FAVORITE ACTIVITIES	S?				
HOW CAN WE BE	MOST HELPFUL TO YOUR CHI	LD AT CAMP?				
What school is	YOUR CHILD CURRENTLY ATT	ending & what grade is he	/SHE IN?			
HAS YOUR CHILD I	BEEN HAVING ANY PROBLEM	S IN SCHOOL? ANY ISSUES WIT	H BULLYING, DRUGS	S, ALCOHOL, SMC	OKING ETC? PLEASE EXPLAIN:	

CAMP EYABSUT 2021 - 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 INS	SURANCE? YES NO		
IF YES, CARRIER OR PLAN NAME:		GROUP #:	
INSURANCE ADDRESS:		PHONE #: <u>(</u>)	
PLEASE TELL US ABOUT YOUR CHILD'S BURN IF	NJURY: DATE OF CHILD'S BURN INJUR	٢	
% BODY SURFACE BURNEDWHERE	WAS YOUR CHILD HOSPITALIZED?		
LENGTH OF HOSPITAL STAY AREA C	OF BODY AFFECTED BY THE BURN:		
CAUSE OF THE BURN INJURY:			
DOES THIS CHILD WEAR ANY SPLINTS, PRESSUR APPLY: □SPLINTS □PRESSURE GAR	E GARMENTS OR HAVE ANY OPEN WOUNDS D N		ECK ALL THAT
INDICATE ITEM(S) THAT WILL BE SENT TO CAM	P AND SCHEDULE:		
IS YOUR CHILD CURRENTLY RECEIVING PHYSICA	L OR OCCUPATIONAL THERAPY?	ES □No	
IF YES, WILL THIS CHILD REQUIRE PHYSICAL THI	ERAPY WHILE AT CAMP? ☐YES ☐I	NO IF YES, PLEASE DESCRIBE:	
FOR GIRLS: HAS YOUR CHILD MENSTRUATED?	□YES □NO NORMAL HISTOR	Y:	
PLEASE LIST ALL KNOWN ALLERGIES:	DESCRIBE THE REACTION AND MANAGE	GEMENT OF THE REACTION	
MEDICATION ALLERGIES (LIST)			
FOOD ALLERGIES (LIST)			
	-		
OTHER ALLERGIES (LIST) - INCLUDE INSECT STIN	NGS, HAY FEVER, ASTHMA, ANIMAL DAI	NDER, ETC	

CAMP EYABSUT 2021 - CAMPER MEDICAL HISTORY & TREATMENT CONTINUED

MY CHILD TAKES NO MEDICATIONS ON A R	OUTINE BASIS.
MY CHILD TAKES MEDICATIONS AS FOLLOWS:	
	REASON FOR TAKING:
	REASON FOR TAKING:
MED # 3: DOSAGE: SPECIFIC TIMES TAKEN @ DAY:	REASON FOR TAKING:
PLEASE ATTACH ADDITIONAL PAGES FOR MORE MEDICATION	NS.
DENTIFY ANY MEDICATIONS TAKEN DURING THE SCHOOL YIS SUMMER:	EAR THAT PARTICIPANT DOES NOT TAKE DURING THE
RESTRICTIONS - THE FOLLOWING RESTRICTIONS APPLY TO T	HIS CHILD:
	AT PORK DOES NOT EAT EGGS DOES NOT EAT POULTRY RODUCTSOTHER
Explain any restrictions to activity (what cannot b	E DONE, WHAT ADAPTATIONS OR LIMITATIONS ARE NECESSARY):
How would you describe your child's adjustment to	O HIS/HER BURN INJURY?
DOES YOUR CHILD HAVE A MARKED FEAR OF ANY OF THE FO THE DARKBEING ALONETHUNDERSTORMS _ DOES YOUR CHILD REQUIRE ONE-ON-ONE SUPERVISION? _ DOES YOUR CHILD HAVE DIFFICULTY FALLING ASLEEP? DOES YOUR CHILD (CHECK ALL THAT APPLY):BEDWETT HAS YOUR CHILD EVER BEEN DIAGNOSED WITH ANY OF THE ADD/ADHDDEPRESSIONANXIETYO	OTHER
HAS YOUR CHILD RECEIVED TREATMENT (MEDICATION OR C	COUNSELING)? PLEASE EXPLAIN:
	NG?YESNO IF YES, DATES OF TREATMENT?
FOCUS OF TREATMENT: IS YOUR CHILD CURRENTLY DEALING WITH ANY SPECIAL LIFE	ISSUES? PLEASE CHECK ALL THAT APPLY: ESCHOOL PRESSURELEARNING DISABILITYALCOHOL USE

2021 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	EACH ITEM MUST BE INITIALED TO SIGNIFY UNDERSTANDING / APPROVAL.					
Initials Required						
	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, I HEREBY RELEASE AND WAIVE					
	CAMPER'S NAME					
	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 NOTGIVE 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 PERSON HEREIN DESCRIBED HAS					
	PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITY EXCEPT AS NOTED.					
	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 IS 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.					
Χ	X					
PARENT/GUA	X X DATE					
,						
Χ	X					
WITNESS						

Application Deadline: MONDAY, JUNE 10, 2021

CAMP EYABSUT 2021 - TRAVEL ARRANGMENT FORM

TRANSPORTATION TO CAMP ON SUNDAY, JULY 14, 2021:

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.

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 18, 2021. TRANSPORTATION FROM CAMP ON SATURDAY, JULY 24, 2021: 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: CAMPER MUST BE PICKED-UP BEFORE 11 A.M., SATURDAY, JULY 20, 2021.

Due to a limited budget for air travel, campers requiring air transportation must complete this form and return it by Wednesday, May 26, 2021 to be eligible for air travel. We cannot guarantee air travel for campers returning this form after that deadline.

AIR Travel Arrangement Deadline: May 26 2021

Application Deadline: MONDAY, JUNE 10, 2021

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

CAMP EYABSUT 2021 - PHYSICAL EXAMINATION FORM

This form must be completed and signed by a licensed MD, PA or NP and is <u>due by the FIRST day of camp</u>.

Your child will not be able to attend camp without this form.

CHILD'S NAME:			BIRTH DATE	::	Boy □Girl	
I EXAMINED THIS IND	DIVIDUAL ON	THE ABOVE A	PPLICANT Is	☐ <u>IS NOT</u> ABLE	TO PARTICIPATE IN CAMP.	
WEIGHT:	HEIGHT:	TEMP:	Pulse:	RESP:	BP:	
THE APPLICANT IS UN CURRENT MEDICATION		CIAN FOR THE FOLL	OWING CONDITIO	NS:		
MED # 1:	Dosa	AGE:		FREQUENCY: _		
MED # 2:	Dos	SAGE:		FREQUENCY: _		
CURRENT TREATMEN	IT AT THE TIME OF THIS	REPORT INCLUDES	::			
ARE THERE ANY LIMIT	TATIONS IN RANGE OF	MOTION DUE TO B	URN INJURY OR SO	CARRING?		
ARE THERE ANY OPEN	N WOUND AREAS?					
PLEASE LIST ANY	ALLERGIES: FOOD _			MEDICATI	ONS	
OTHER: (INSECT S	TINGS, HAY FEVER,	ETC)				
DOES THE APPLIC	ANT HAVE ANY OF	THE FOLLOWING	G CONDITIONS	(PLEASE CHECK	ALL THAT APPLY):	
☐ DIABETES ☐ S	SEIZURES 🗆 RESPI	RATORY PROBL	EMS 🗆 CHRO	NIC EAR 🗆 EPI	LEPSY	CT/DISEASE
COMMENTS:						
PLEASE LIST THE A	APPLICANT'S IMMU	NIZATION HISTO	ORY (RECORD N	лоnth & year):		
DPT:H	IIB:POLI	O:SMAI	LL POX:	MMR:	TETANUS:	
TB TEST:	HEPATITIS B:	CHICKEN PO	OX (VACCINE O	R ILLNESS):	OTHER:	
RECOMMENDATI	ONS AND RESTRIC	TIONS AT CAMP) :			
PLEASE LIST ANY	FREATMENT TO BE	CONTINUED AT	CAMP:			
ANY MEDICALLY F	PRESCRIBED MEAL I	PLAN/DIETARY F	RESTRICTIONS:			
ACTIVIES TO BE EI	NCOURAGED OR LII	MITED:				
ANY OTHER HEAL	TH INFORMATION:					
				DATE:	PHONE: ()_	
IVIEDICAL PROVID	DER'S PRINTED NAM	VIE & ADDKESS:				