

# 2026 Camp Charlie Registration Form



Please check the one \_\_\_\_\_ **July 7-11** (Boys & Girls ages 8-12)  
camp your child/youth \_\_\_\_\_ **July 14-18** (Teen Boys ages 13-16)  
will be attending. \_\_\_\_\_ **July 21-25** (Teen Girls ages 13-16)

**Camp Charlie** is a *Prison Fellowship Angel Tree Camp* for children/youth with one or both parents in prison and enrolled in the Angel Tree Christmas program. It is conducted at Soaring Eagle Camp near Clinton, AR.

**SEPARATE REGISTRATION FORMS ARE REQUIRED FOR EACH CHILD.**

## Camper Information:

Camper's Full Name: \_\_\_\_\_ Camper's Preferred Name \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female Grade going into: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
T-Shirt Size (**Check One**): Youth Sizes: \_\_\_S \_\_\_M \_\_\_L **OR** Adult Sizes \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2XL  
Home Church: \_\_\_\_\_

## Contact Information:

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contacts (In case Parents or Guardians cannot be reached):  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

## Camper's Health History & Medical Information:

Date of most recent Tetanus (DTP) Vaccination: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_  
List All Health Concerns: \_\_\_\_\_  
\_\_\_\_\_  
List All Medicinal, Food or Other Allergies \_\_\_\_\_  
\_\_\_\_\_  
List Any Dietary Restrictions: \_\_\_\_\_

## Permission to Treat:

Below are the medications **Soaring Eagle Camp** keeps in stock at the First Aid Attendant's Station.

Please check all that your child may receive, if needed.

\_\_\_\_ Tylenol \_\_\_ Advil (Ibuprofen) \_\_\_ Antihistamine (Allergy) \_\_\_ Robitussin DM (Cough) \_\_\_ Antacid \_\_\_\_\_

All Medications (prescription or over-the-counter) brought by campers must be turned in to the First Aid Attendant upon arrival at camp. Medications must be in original containers labeled with camper's name. Please complete and return the "List of Camper's Medications" with all medications that your child takes, plus dosages and times to be administered.

# Camp Charlie Summer 2026

For registration questions:

Call: 918-868-7722 or email: EagleLady17@gmail.com

**Scholarship Requested:** *All campers must pay a \$10 registration fee. Please include your payment with your **Registration Form**.*

**Please check one:**

- I am paying the full cost of the camp (\$425 for ages 8-12 or for ages 13-16)
- I am requesting a partial scholarship and am including a check for \$\_\_\_\_\_
- I can only pay the registration fee and am including a check for \$10.

Please make checks payable to **Soaring Eagle Camp** and mail with your **Registration Form**.

---

## Transportation:

- I will provide transportation for my child to and from camp
- My child will need transportation: \_\_\_\_\_ To Camp \_\_\_\_\_ Home from Camp

As **Registration Forms** come in, **Camp Charlie** will establish drop off and pickup locations in high response areas and will notify you.

---

## Parental Permission and Release:

**(This must be signed in order for your child to be registered!)**

"I understand that while attending **Soaring Eagle Camp** my child may be involved in various activities including, and not limited to swimming, horse rides, obstacle course, and other traditional camp activities. I understand the mission for **Soaring Eagle Camp** is to provide a Christian Camp where one can experience love, find hope, and grow in a relationship with Jesus Christ. I do hereby grant permission for my child to attend camp and participate fully in all camp activities. I have instructed my son/daughter to obey the rules of **Soaring Eagle Camp**. I understand that should my child become very disruptive I may need to make arrangements to pick them up. I also authorize the use of photos or video taken of my child at camp for promotional purposes and sponsorship materials.

I accept the risks involved in camp activities and do hereby release **Camp Charlie at Soaring Eagle Camp**, and all staff and volunteers, from any, and all, claims for bodily and personal injuries or death sustained by my child, whether such injury occurs on or off the camp property. I give permission for **Camp Charlie at Soaring Eagle Camp** to secure emergency medical and surgical treatment, and routine, non-surgical medical care for my child while at camp. I understand that should my child become ill I may need to make arrangements to pick them up."

Print name of parent/guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

## Return this Registration Form to:

**Soaring Eagle Camp**  
**Registrar: Jean Atkins**  
**ATTN: Camp Charlie**  
**4772 State Highway 110**  
**Clinton, AR 72031**

If you have questions, please phone Jean Atkins at 918-868-7722. If there is no answer, please leave voicemail and your call will be returned as soon as possible.

# 2026 Angel Tree Camp at Soaring Eagle Camp

## List of Camper's Medications

A SEPARATE "List of Camper's Medications" FORM IS REQUIRED FOR EACH CHILD/YOUTH.

All Medications (prescription or over-the-counter) brought by campers must be turned into the First Aid Attendant upon arrival at camp. Medications must be in original containers labeled with camper's name. Please list below medications, dosages and times to be administered.

### Camper Information:

Camper's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

### Parent / Guardian Contact Information:

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contacts (In case Parents or Guardians cannot be reached):

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

### Camper's List of Medications:

Name of Medication, Dosage & Time	Comment

Print name of parent/guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Return this "List of Camper's Medications" Form to:  
**Jean Atkins, Registrar**  
 by Email at [EagleLady17@gmail.com](mailto:EagleLady17@gmail.com)  
 or mail to Jean Atkins, Soaring Eagle Camp, 4772 Highway 110, Clinton, AR 72031  
 If you have questions, please phone Jean at 918-868-7722