

# 2010 Camp Calvary Winter Registration

PLEASE PRINT CLEARLY *Camp fills up fast, so please register early!!!*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: (in Sept) \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Check if first time at Camp Calvary

How did you hear about Camp Calvary?  Website  Friend  Brochure  Your Church  Other: \_\_\_\_\_

Church attending with: \_\_\_\_\_ Pastor: \_\_\_\_\_

My choice to room with: (one request & each must request each other) \_\_\_\_\_

## CHECK CAMP ATTENDING

February 18-20 (Teen Winter Camp)

**Camper Agreement:** I have carefully read the general information list, and I agree to cooperate and comply in all these areas. I understand that violation in any of these areas may result in my dismissal from Camp. **Camper's Signature** \_\_\_\_\_ ▶▶▶▶ **All registrations and deposits are confirmed by email.**

- ▶ If a camper gets sick & needs to go home they need to be picked up within 8 hours of notification.
- ▶ A non-refundable deposit of \$25 must accompany this registration form. Deposit is part of the total cost.
- ▶ Mail registration & deposit to: Camp Calvary Registration, 48 N. Schaefferstown Road, Bernville, PA 19506

### Office Use Only:

Amt: \$ \_\_\_\_\_ Ck/MO: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pros: \_\_\_\_\_  
Camp Cost: \_\_\_\_\_ (After 6/1 + \$5)  
Deposit Fee: -\$25 (non-refundable)  
Balance Due: \_\_\_\_\_

## Medical Authorization Form (In Case of Emergency Contact)

Name (Parent/Guardian) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Special Medication (be specific): \_\_\_\_\_

Allergic Reactions:  Bee stings Is EpiPen Required?   Penicillin  Other: \_\_\_\_\_

Food Allergies: Please call and discuss with our cook two weeks prior to coming to camp. 717.933.9977

Does your child have respiratory problems? \_\_\_\_\_ If an inhaler is needed: 2 per week of camp.

Does your child have other medical problems? \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ or check the box if you know it is up to date:

Restricted Activities: \_\_\_\_\_

I give permission for my child to take: (please initial) Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Benadryl \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's number: (\_\_\_\_) \_\_\_\_\_

**If there are any other medical problems, please explain and send with this form.** This applicant has my permission to attend camp & is physically able to participate in the recreation program. I will not hold Camp Calvary or any person in leadership of the camp responsible for any illness or accident which may happen to this camper. In case of a medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child named above. Note: All claims must be submitted to personal insurance first.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Memories of Summer Camp:** There will be a camp highlight DVD and/or picture CD each week which can be purchased for \$10 (DVD) and \$5 (CD). All orders will be filled and mailed within the next week. If you desire to obtain a highlight DVD or picture CD, please include the \$10 (DVD) or \$5 (CD) with your non-refundable registration fee, and initial here \_\_\_\_\_. Any parent who does NOT desire their child to be photographed or appear in this week's camp DVD, please sign here \_\_\_\_\_.