

# 2010 PA DISCIPLES YOUTH CAMP & CONFERENCE

## REGISTRATION and HEALTH FORM

CAMPER INFORMATION	Camper name		Home phone	Cell phone
	Address, City, State, Zip			
	Date of birth	Grade entering Sept. 2010		<input type="checkbox"/> Male <input type="checkbox"/> Female
	Name of Parent/Legal Guardian		Parent/Legal Guardian Cell Phone	
	Church you regularly attend		Sponsoring church	
	Parent/Guardian email		Camper email	

CAMP SELECTION	<input type="checkbox"/>	Young Adult Camp	June 4-6	For youth 1-10 years out of high school	<i>Send in by: May 21</i>	\$95
	<input type="checkbox"/>	Conference II	June 20-26	Entering grades 11-recent grads (or those age 18)	<i>Send in by: June 4</i>	\$250
	<input type="checkbox"/>	Conference I	June 27-July 3	Entering grades 9-10	<i>Send in by: June 11</i>	\$250
	<input type="checkbox"/>	Junior Camp	July 11-17	Entering grades 4-6	<i>Send in by: June 25</i>	\$250
	<input type="checkbox"/>	Mini Camp	July 18-21	Entering grades 1-3	<i>Send in by: July 2</i>	\$125
	<input type="checkbox"/>	Chi Rho	July 25-31	Entering grades 7-8	<i>Send in by: July 9</i>	\$250



- Final registration deadlines are two weeks prior to the start of camp.
- Camp of less than 25 registrants may be cancelled two weeks prior.
- Balance *must be paid in full* by the "send-in date".
- Cancellations made as late as one week prior to the camp session will receive a full refund. If a cancellation is made less than a week but prior to the opening of camp, we will remit a refund of half the total registration amount.

**Please make checks payable to  
Christian Church in PA and mail to:  
PO Box 90, Greensburg, PA 15601**

MINISTER RECOMMENDATION	THIS SECTION MUST BE COMPLETED BY THE MINISTER, BOARD CHAIR, OR MODERATOR OF YOUR CONGREGATION.	
	My congregation and I recommend _____ for _____	
	Please indicate the amount your church will pay towards camp fees: _____	
	Minister/Board Chair or Moderator signature _____ Phone _____	

PAYMENT	IF PAYING BY CREDIT CARD, PLEASE FILL IN THE FOLLOWING INFO: <span style="float: right;"><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</span>	
	Cardholder name _____	Card Number _____
	Card expires _____	

FOR OFFICE USE ONLY



**CHRISTIAN CHURCH**  
(DISCIPLES of CHRIST) in PENNSYLVANIA

Camper's name \_\_\_\_\_

Height

Weight

Is the camper subject to any of the following medical conditions (Please check all that apply):

Asthma    Sleepwalking    Allergy to insect stings    Seizures    Diabetes

Other \_\_\_\_\_

Has the camper had the following immunizations? (Please check all that apply):

Measles    Mumps    DPT (Diphtheria, Pertussis, Tetanus)    Varicella (Chicken Pox)

Please provide date of last tetanus immunization:

Month

Day

Year

Does the camper have any allergies? If so, what are they? \_\_\_\_\_

Does the camper carry an EPI-PEN?    Yes    No

Does the camper have any dietary restrictions? (If yes, please explain) \_\_\_\_\_

Does the camper take medications daily or as needed (over the counter or prescription)?    Yes    No

If yes, please list them and for what condition (you may use a separate sheet) \_\_\_\_\_



Prescription medications must be in their original container with the camper's name, physician's name, and dosage instructions on the label. Camp staff must be told the number of dosages in the bottle upon arrival.

Please explain any emotional/behavioral concerns or family circumstances which may affect the camper's full participation: \_\_\_\_\_

Camper physician \_\_\_\_\_ Physician phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance name \_\_\_\_\_ Insured's name \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY RELEASE**

In case of an emergency, I hereby give permission to the camp director to secure the proper treatment for my child and I will assume financial responsibility for any service which is rendered necessary. I agree not to hold the camp director, staff, the Christian Church in PA, or the sponsoring churches responsible for any accident or illness which might occur to my child while attending camp.

Signature of Parent/Guardian \_\_\_\_\_

**CAMPER/PARENT COMMITMENT**

For the health and safety of all campers: (1) Alcohol, illegal drugs, weapons, fireworks, and other hazardous substances are banned from camp. (2) Campers are not permitted to smoke; (3) Campers who violate these rules will be sent home.

Signature of Camper \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_