



Camp Christian

Jr/Sr High Fall Retreat November 3-5, 2017

\$60
(\$70 after Oct 26th)

Registration Fee - \$60 if postmarked October 26th

A \$10 per person late fee will be added to all registrations received after Oct 26th

A nonrefundable deposit of \$20 is due with registration. Balance payable before or at check-in. Please make checks payable to Camp Christian and mail to PO BOX 230, Mill Run, PA 15464. If you would like to pay by credit card, please register online

Please Print:

Camper Name: _____ Nickname: _____ Age: _____ Male Female

Date of Birth ____/____/____ Grade in School: _____ Home Phone _____

Father/Guardian _____ Contact Number _____ Cell Work

Mother/Guardian _____ Contact Number _____ Cell Work

Mailing Address _____ City, St & Zip _____

Email _____ Email belongs to _____

Church Name _____ Church City _____

Additional Emergency Contact Name _____ Relation _____

Contact Number _____ Cell Home Work First time at Camp Christian? Yes* No

* Name of Friend _____

If parent/guardian contact is necessary, please first contact: Name: _____ Number: _____

CAMPERS ARE RESPONSIBLE FOR THEIR OWN MEDICAL COVERAGE

Insurance Company: _____ Policy Number: _____

Does camper have any known allergies to food, medications, insect bites,
or other allergens(other than seasonal)? Yes No

If yes, please list allergy & reaction: _____

Is camper currently taking any medications? _____ List medications: _____

Medications must be in **original container** and be given to health supervisor

HEALTH CENTER MEDICATIONS: These medications are stocked at Camp Christian. Please indicate your permission to administer these over-the-counter medications, or if you wish to be notified first. (Some meds are listed as common brand names, though generic may be substituted.)

Acetaminophen Yes__ No__ Call First __	Ibuprofen Yes__ No__ Call First __	Milk of Magnesia Yes__ No__ Call First __
Benadryl Yes__ No__ Call First __	Robitussin Yes__ No__ Call First __	Imodium Yes__ No__ Call First __
Hydrocortisone Yes__ No__ Call First __	Expectorant Yes__ No__ Call First __	Throat Lozenges Yes__ No__ Call First __
Tums Yes__ No__ Call First __	Neosporin Yes__ No__ Call First __	

To the best of my knowledge, my child is physically and emotionally able to take part in the camp program. In the event of a Medical Emergency, I give my permission to those in charge at Camp Christian to seek necessary medical attention from qualified personnel (Health Supervisor, EMT or other Medical Professionals) to do what is necessary for the health and well-being of my child. I understand that my child is expected to attend all sessions and to conduct themselves in a Christ-like manner both in dress and behavior. I also understand that if my child refuses to do so I may be required to come and pick up my child. I give permission to Camp Christian staff or their assigns to use photos, videos & recordings of my child in promotional materials and/or post them on the camp's website or FB page.

I have read and understand these agreements

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian's Printed Name