



# 2024 CAMP CHRISTIAN SUMMER REGISTRATION FORM

Only one camper per registration form but can use to register for multiple camps  
 Mail completed form & \$20 PER CAMP non-refundable deposit or full payment to  
 CAMP CHRISTIAN, PO BOX 230, MILL RUN, PA 15464

Camper's Name: \_\_\_\_\_

Camper Nickname: \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Fall **2024**: \_\_\_\_

T-Shirt Size: Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Camper Email (optional): \_\_\_\_\_

Church Attending: \_\_\_\_\_

Church City \_\_\_\_\_

Has camper been baptized by immersion?  Yes  No

\*Parents will be called for permission if camper expresses desire to be baptized\*

First Time attending an event at Camp Christian?  Yes  No

Camp fees due (see box below) \$ \_\_\_\_\_

+ (Add) Missions Money \$ \_\_\_\_\_

- (Subtract) Friend Discount \$ \_\_\_\_\_

- (Subtract) My church pays \$ \_\_\_\_\_

(Equals) **TOTAL DUE** \$ \_\_\_\_\_

- (Subtract) Amount Enclosed NOW \$ \_\_\_\_\_

(Must be at least \$30 PER CAMP

Unless paying 1/2 for Day or Overnighter)

(Equals) **Balance Remaining** \$ \_\_\_\_\_

**Parent/Guardian Email**

\_\_\_\_\_

Email belongs to \_\_\_\_\_

Your registration confirmation will be emailed. If you wish to have your confirmation sent by postal mail, please check here

**Information on who the camper RESIDES with:**

**Female's** First and Last Name: \_\_\_\_\_

Relationship:  Mother  Stepmother  Guardian  Other \_\_\_\_\_

Contact number(s)

\_\_\_\_\_  Home  Cell  Work

\_\_\_\_\_  Home  Cell  Work

**Male's** First and Last Name: \_\_\_\_\_

Relationship:  Father  Stepfather  Guardian  Other \_\_\_\_\_

Contact number(s)

\_\_\_\_\_  Home  Cell  Work

\_\_\_\_\_  Home  Cell  Work

**Additional** alternate emergency contact:

Name: \_\_\_\_\_

Phone number \_\_\_\_\_  Home  Cell  Work

Relationship to camper: \_\_\_\_\_

Please Note: for Summer 2024  
 Free Camper T-shirts will be issued to Campers registered before  
 April 30th only.

**Bring a friend who has never attended a Camp Christian program & you each receive a discount!**  
 Discounts apply to Full Weeks (\$25) & First Chance (\$10) Only  
 I am bringing: \_\_\_\_\_  
 I am coming for the first time with: \_\_\_\_\_

|                          | Camp         | Dates      | Grade<br>2024   |       |  |
|--------------------------|--------------|------------|-----------------|-------|--|
| <input type="checkbox"/> | Sr High      | June 16-21 | 9- '24<br>Grads | \$225 |  |
| <input type="checkbox"/> | Junior 1     | June 23-28 | 4-6             | \$225 |  |
| <input type="checkbox"/> | Overnighter  | July 1-2   | 1-3             | \$60  |  |
| <input type="checkbox"/> | Arts Camp    | July 7-12  | 4-12            | \$225 |  |
| <input type="checkbox"/> | Jr High      | July 14-19 | 7-8             | \$225 |  |
| <input type="checkbox"/> | First Chance | July 28-30 | 2-3             | \$80  |  |
| <input type="checkbox"/> | Day Camp     | July 27    | K-1             | \$40  |  |

**Liability Release:** I release Camp Christian, including its directors, employees and agents from my child's physical injury, including death, or illness while at camp, including any Camp Christian sponsored travel to and from camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Off Camp Release:** My child has permission to be transported for medical care or to participate in programs conducted off the Camp Christian grounds. It is understood that off ground programs are supervised by qualified camp staff.

**Publicity Release:** I give permission to Camp Christian staff or the assigns to use photos, videos & audio recordings in promotional materials and/or post them on the camp's website or Facebook page.

I recognize that this is a Christian camp, the Bible will be studied, and camper conduct and dress is expected to be in line with Christian values. I understand that the camper is expected to attend all sessions and activities. I also understand that if my child refuses to conduct himself/herself in this manner, I may be required to come and pick them up.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

**Please complete both sides of registration form**

**MEDICAL INFORMATION** • Information requested below **MUST BE FILLED IN** and **SIGNED BY A PARENT OR GUARDIAN**.

Medical Record for: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

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

**All Campers are responsible for their own Medical Coverage**

Medical Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Ins. Billing Address: \_\_\_\_\_

Camper has the following (any): ADD/ADHD Asthma Diabetes Frequent Ear Infections Heart Condition Seizures Fainting Sleep Walking

Has Camper had any serious injuries or surgeries? Yes No If yes, please list \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Other Health Conditions of which we should be aware \_\_\_\_\_

**ALLERGIES:** Please list any food, medication and insect allergies. Describe reaction & management of reaction (attach a separate form if needed)

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_ Management: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_ Management: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_ Management: \_\_\_\_\_

**MEDICATIONS:** Please list all medications (Prescription/Over-the-Counter/Vitamins/Herbs) below. **ALL medication must be in the ORIGINAL CONTAINER** and will be left with and dispensed by the Health Supervisor. **Medicines must be kept in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage & frequency.** (Please attach separate sheet if necessary) We understand that medications may change and will update this at check-in.

| Name of Medication | Dosage | Time(s) of Day Medication Taken |
|--------------------|--------|---------------------------------|
| _____              | _____  | _____                           |
| _____              | _____  | _____                           |
| _____              | _____  | _____                           |
| _____              | _____  | _____                           |
| _____              | _____  | _____                           |
| _____              | _____  | _____                           |
| _____              | _____  | _____                           |

**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 ____ | Tums            | Yes____ No ____ | Call First ____ |
| Ibuprofen     | Yes____ No ____ | Call First ____ | Pepto-Bismol    | Yes____ No ____ | Call First ____ |
| Benadryl      | Yes____ No ____ | Call First ____ | Neosporin       | Yes____ No ____ | Call First ____ |
| Cold Medicine | Yes____ No ____ | Call First ____ | Hydrocortisone  | Yes____ No ____ | Call First ____ |
| Cough Syrup   | Yes____ No ____ | Call First ____ | Calamine Lotion | Yes____ No ____ | Call First ____ |
| Cough Drops   | Yes____ No ____ | Call First ____ |                 |                 |                 |

I Certify that my child is in good physical condition and is able to participate in all camp activities (except): \_\_\_\_\_

*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 (Nurse, Physician, EMT or other Medical Professionals) to do what is necessary for the health and well- being of my child. I give my permission for emergency medical care to be administered if necessary, understanding that every effort will be made to contact me.*

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

