



2025 CAMP CHRISTIAN SUMMER REGISTRATION FORM

Only one camper per registration form but can use to register for multiple camps
 Mail completed form & \$30 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 **2025**: ____

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

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 Phone Number(s)

_____ Home Cell Work

_____ Home Cell Work

Male's First and Last Name: _____

Relationship: Father Stepfather Guardian Other _____

Contact Phone Number(s)

_____ Home Cell Work

_____ Home Cell Work

Additional alternate emergency contact:

Name: _____

Phone number _____ Home Cell Work

Relationship to camper: _____

Camp fees due (see box below) \$ _____

+ (Add) Missions Money \$ _____

- (Subtract) \$25 Early Bird (May 1) \$ _____

- (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 \$ _____

Early Bird Deal if you Register and Pay in full by May 1

Save \$25 on full week of Camp

NEW!!! Online Medical Form:

www.camp-christian.org

Invite a friend who has never attended a Camp Christian program & they receive a discount!

Discounts apply to Full Weeks (\$25) & First Chance (\$10) Only

My Friend's Name: _____

	Camp	Dates	Grade 2024	
<input type="checkbox"/>	Sr High	June 15-20	9- '25 Grads	\$275
<input type="checkbox"/>	Junior	June 22-27	4-6	\$275
<input type="checkbox"/>	Overnighter	June 30/July 1	1-3	\$60
<input type="checkbox"/>	Arts Camp	July 6-11	4-12	\$275
<input type="checkbox"/>	Jr High	July 13-18	7-8	\$275
<input type="checkbox"/>	First Chance	July 20-22	2-3	\$110
<input type="checkbox"/>	Day Camp	July 26	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: _____

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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 _____

