

# Summer Youth Camp 2008 High Point Camp

Name \_\_\_\_\_  
( ) Male ( ) Female

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (m/d/y) \_\_\_\_\_ Grade 9/2008 \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

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

Church Phone \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Youth Pastor's Name \_\_\_\_\_

Choice of ONE Roommate \_\_\_\_\_  
(Your choice can be one year older or younger and they must choose you.)

Please check below the week(s) of camp child is to attend as well as any discounts that may apply.

		Cost before 4/1	Cost before 6/1	Cost after 6/1
<b>Junior Camps (Grades 3-6)</b>				
( ) JR#1	June 23-28	\$185	\$200	\$210
( ) JR#2	July 7-12	\$200	\$200	\$210
( ) JR#3	July 14-19	\$200	\$200	\$210
<b>Teen Camp (Grades 7-12)</b>				
( ) TN#1	June 30 - July 5	\$185	\$200	\$210
( ) TN#2	July 21-26	\$200	\$200	\$210
( ) TN#3	July 28 - Aug 2	\$200	\$200	\$210
( ) TN#4	August 4-9	\$200	\$200	\$210
<b>Adventure Camps (Grades 8-12)</b>				
( ) ADV#1	July 21-26		\$220	\$220
( ) ADV#2	July 28 - Aug 2		\$220	\$220
<b>Canadian Wilderness Trip (Grades 10-12)</b>				
( ) CANADA	August 9-16		\$375	\$375

Camp Cost	Family & 2 <sup>nd</sup> Week Discounts	Amount Enclosed	Amount Due
	( ) -\$20 2 <sup>nd</sup> child	( ) -\$50 registration	
	( ) -\$50 3 <sup>rd</sup> child	( ) -Full Amount	
	( ) -\$75 4 <sup>th</sup> child		
	( ) -\$30 off 2 <sup>nd</sup> week		

Please enclose minimum \$50 non-refundable registration fee. Mail with completed form to High Point Camp, PO Box 188 Geigertown, PA 19523

Please send email confirmation of registration.

Parent's email: \_\_\_\_\_

## Medical Authorization – please print clearly

Emergency Contact #1 \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Due to the nature of camp activities and programs, camp may be inappropriate for some individuals with special needs. Please call the camp office if you have any questions concerning this matter.

Special Medications, Health Problems, Handicaps, Disorders, or Diseases (Please attach separate explanation. Please be specific.)

Allergic reactions:

Bee Stings \_\_\_\_\_ Penicillin \_\_\_\_\_

Other \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Treatment Given \_\_\_\_\_

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

Date of last Tetanus shot \_\_\_/\_\_\_/\_\_\_ (must be within last 10 years)

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_

## Medical Authorization

In case of medical emergency, I hereby give my permission to the staff member in charge to: hospitalize, and or secure the services of a licensed physician, surgeon, or anesthesiologist in providing the necessary care for my child as named on the registration form. I certify that my child is in good physical condition, and is able to participate in the entire camping program except for activities listed as "restricted." I understand as a parent or guardian that my child is capable and willing to administer his/her own prescription medication to him or her self.

My child's counselor has my permission to secure, keep safe under "lock & key," if necessary, prescription or over the counter medicines; but the counselor will not administer any prescription medication to campers.

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

## Camper Agreement

I have carefully read the general information and I agree to cooperate and comply in all these areas. I understand that violation of these areas may result in my dismissal from camp.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only \_\_Cash \_\_Check/MO# \_\_\_\_\_

Amount\$ \_\_\_\_\_ Date \_\_\_\_\_

Paid by \_\_\_\_\_

Entered \_\_\_\_\_ By \_\_\_\_\_