

REGISTRATION

Only one camper and one program per registration form.

PLEASE PRINT

Camper's Name _____ Male / Female _____ Date of Birth ____/____/____
 Age _____ School Grade Next Fall _____ Home Phone _____-_____-_____- Emergency Phone _____-_____-_____-
 Address _____ City _____ State _____ Zip _____
 Father's Name _____ Mother's Name _____
 Parent/Guardian Who Camper Lives With _____ Both Parents _____ Mother _____ Father _____ Other _____
 Church Attending _____ Baptized? _____ Yes _____ No _____
 Program I Plan To Attend _____ Date ____/____/____

Pre-Registration Fee:	Full Weeks	\$25
	Day Camp	\$10
	First Chance	\$10
	Overnighters	\$10
	College Retreat	\$25
	Adult Programs	\$10

• Please make checks payable to: **Camp Christian, Inc.**
 • Mail to: **Camp Christian, Inc.**
PO Box 230, Mill Run, PA 15464

(Please do not separate these forms)

MEDICAL INFORMATION

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

I Certify that _____ is in good physical condition and is able to participate in all camp activities (except) _____

Camper's Age _____ Date of Birth ____/____/____ Medications presently taking: _____

All Medication is to be Left With and Dispensed by the Camp Nurse

Please check if camper has any of the following: ___ Heart Trouble ___ Asthma ___ Rheumatic Fever ___ Ear Infection
___ Diabetes ___ Seizures ___ Fainting ___ Sleep Walking

Do you give your child Tylenol? ___ YES ___ NO Has Camper had any serious injuries or surgeries? ___ YES ___ NO

Date of last tetanus shot ____/____/____ List any allergies _____

Comments: _____

Family Insurance Co. _____ Policy Number _____

Family Physician _____ Location (City) _____ His/Her Phone # ____/____/____

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 (Camp Nurse, EMT or other Medical Professionals) to do what is necessary for the health and well being of my child. * My signature also allows for photos taken of my child during his/her camp program to be used in future camp promotional materials.

Parent/Guardian Signature: _____ Date: ____/____/____ Phone: _____-_____-_____-

----- Fold on dotted line and turn upward -----

Mail to: **Camp Christian, P.O. Box 230, Mill Run, PA 15464**

• If you would like to use a **Credit** card or **Debit** card to cover the pre-registration fee and/or the entire cost of this program, please complete the form below. In order to safeguard your credit/debit card information, please fold the attached form on the above dotted line making sure the credit/debit card information is on the inside of the fold.

**P
R
I
N
T**

Pre-Reg. Fee \$ _____
 Charge \$ _____
 Visa Master Card Discover Debit Card

Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____/____

Cardholder's Name (as it appears on the card) _____

Cardholder's Billing Address: Street/PO Box # _____

City: _____ State: ____ Zip: _____ Phone: _____-_____-_____-

Note: Once we have charged your credit/debit card per your request, in order to safe guard your credit information, we will destroy this section of the registration form.