

REGISTRATION FOR EACH CAMP IS FROM 2:30pm to 4:30pm on the first day of camp!!!

REGISTRATION FORM (PLEASE PRINT)

Mail registration to indicated person per camp with \$10.00 Non-refundable Registration Fee

Camper's Name: _____ SS#: _____ Grade: _____

Phone: (____) _____ Date of Birth: _____ Age: _____ M/F: _____

Address: _____

Camper's Email: _____

Church You Attend: _____ Pastor's Name: _____

Is your church paying any part of your camp cost? Yes No If yes, how much: \$_____

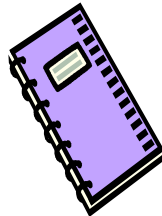
Please indicate for which camp you are registering your camper!! Costs include the registration fee.

All camps have a \$15.00 late fee past registration deadline. Checks payable: **Bowman Park Ladies Auxiliary**

Youth Camp, grades 7 – 12, July 10 – 19, 2009 Cost of camp is \$160.00 per camper, \$40.00 a weekend.
Registration sent by **June 15th** to: Barry Wanamaker, Director
458 Seventh Street
Slatington, PA 18080
Phone #: 610-767-6375

Children's Camp, grades 2 – 3, July 29 – August 1, 2009 Cost of camp is \$50.00 per camper.
Registration sent by **July 11th** to: Merlin Repsher, Director
164 South Ninth Street
Bangor, PA 18013
Phone #: 610-588-1084

Junior Camp, grades 4 – 6, August 9 – 15, 2009 Cost of camp is \$110.00 per camper.
Registration sent by **July 20th** to: Laura Thomas, Registrar
P.O. Box 67
Bowmanstown, PA 18030
Phone #: 610-852-3350
Michelle Newton, Director
Phone #: 610-762-3257



Parent's Release: I recommend the above-named youth as a camper at the indicated camp.
I also give my permission to the camp to provide transportation for my child as needed.

Parent/Guardian's Name: _____ Phone #: (____) _____

Address: _____

Any home/custody issues the camp needs to know for your child's safety: _____

HEALTH FORM (Please PRINT)

Camper's Name: _____ M/F: _____ Grade: _____

SS#: _____ Phone: (____) _____ Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian's Name: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Emergency Contact Persons

Name: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

Do you have medical insurance? Yes No Company: _____

Group #: _____ Policy #: _____

Name of Insurance Holder: _____

Date of last Tetanus shot: _____

Family Physician: _____ Phone #: (____) _____

Address: _____

Please check any problems or conditions the camper has or had in the past:

Stomach Upsets Diabetes Nose Bleeds Bedwetting Convulsions

Freq. UTI Asthma Freq. Headaches Head lice (within the last 3 months)

Other _____

Allergies: Insect Stings/Bites Penicillin Food _____

Other _____

Current Medications: _____

(Please bring all medication in original containers)

Activity/Diet Restrictions: _____

I hereby release the camp from all liabilities not covered by the camp insurance, and give permission for treatment by a qualified physician should it be warranted, or by other qualified personnel. I authorize Bowman Park Camp to initiate any emergency medical/surgical intervention in the event I cannot be contacted.

Parent / Guardian Signature: _____ Relationship: _____

