

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.

Checks payable: **Bowman Park Ladies Auxiliary**

**Youth Camp, grades 7 – 12, July 9 – 18, 2010**

Cost of camp including registration fee if registered by June 13th is \$160.00 per camper

Cost of camp including registration fee if registered after June 13th up to July 9th is \$175.00 per camper

Registration are sent to: Barry Wanamaker, Director Phone #: 610-767-6375

458 Seventh Street Slatington, PA 18080

**Children's Camp, grades 2 – 3, July 28 – 31, 2010**

Cost of camp including registration fee if registered by July 11th is \$50.00 per camper

Cost of camp including registration fee if registered after July 11th up to July 28th is \$65.00 per camper

Registration are sent to: Merlin Repsher, Director Phone #: 610-588-1084

164 South Ninth Street Bangor, PA 18013

**Junior Camp, grades 4 – 6, August 8 – 14, 2010**

Cost of camp including registration fee if registered by July 25th is \$110.00 per camper

Cost of camp including registration fee if registered after July 25th up to August 8th is \$125.00 per camper

Registration are sent to: Laura Thomas, Registrar Phone #: 610-852-3350

P.O. Box 67 Bowmanstown, PA 18030

Michelle Newton, Director

Phone #: 610-762-3257

Parent's Release: I recommend the above-named youth as a camper at the indicated camp. I give permission for the camp to take and use pictures of my camper for advertising purposes. 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

