

Camper's Last Name	First Name	Grade (as of Fall 2017)	Gender	Birth Date
Mailing Address		City	State	Zip
Primary Phone		Home Church	Church Town	

Nature Day Camp 2017 Choices:

Please circle your sessions in grid below. You may sign up for more than one session!

Young Naturalists (Ages 4-6)	6/19-6/21	7/10-7/12	7/17-7/19	7/24-7/26	7/31-8/2	8/7-8/9
Pricing: \$90 (additional sibling \$85)	Nuts About Nature	Wings & Things	Underwater Critters	Forest Safari	Frogs & Friends	End of Summer Blast

Nature Explorers (Ages 7-14)	6/19-6/23	6/26-6/30	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11
Pricing: \$165 (additional sibling \$155)	Adventure Camp	Fishing Camp	Habitat Hikers	Wilderness Survival	Fishing Camp	Slimey & Scaley Trek	Adventure Camp

<p>Refund Policy- All registrations for nature day camp programs are subject to a \$25 non-refundable deposit. Refunds for cancellations will be made according to the following schedule:</p> <p>No-show or less than 1 week in advance: 50% refund of cost of camp. More than 1 week: refunded minus deposit. Cancellations due to medical reasons: Refunded 100% when we receive a doctor's certification.</p> <p>Transferring to another 2017 summer session may be done at no charge in lieu of cancellation, subject to program openings and availability.</p>	<p>Payment Chart</p> <p>Young Naturalists (Ages 4-6)</p> <p>\$ _____ \$90 x Number of Sessions</p> <p>- _____ 2nd Sibling Discount (-\$5) x Number of Sessions</p> <p>Nature Explorers (Ages 7-14)</p> <p>\$ _____ \$165 x Number of Sessions</p> <p>- _____ 2nd Sibling Discount (-\$10) x Number of Sessions</p> <p>Grand Totals</p> <p>\$ _____ Ages 4-6 Price Total</p> <p>_____ Ages 7-14 Price Total</p> <p>= _____ Total Owed</p> <p>\$ _____ Amount Enclosed (Minimum \$25 Non-Refundable Deposit)</p>
<p>Payment</p> <p>Method of Payment (please circle): <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Online Payment</p> <p>Visit our site, www.bearcreekcamp.org, to submit a secure online payment for the summer. It is fast, easy and safe!</p> <p>Send completed registration form with correct deposit to: Bear Creek Camp PO Box 278 Bear Creek, PA 18602</p>	



Bear Creek Camp 2017 - Camper Information

Only one Health History Form is required for the 2017 camping session. The office will keep it on file to use when a child is signed up for multiple camps.

Camper's Last Name First Name Gender Birth Date Primary Phone

Parent/Guardian Info

Name Relationship to Camper Occupation Email Phone

Emergency Contact Info: (Must be someone other than listed above)

Contact Name Relationship to Camper Contact Phone

Additional Names and Phone Numbers of Adults Authorized to Transport Your Child From Camp:

Health History

Immunizations: All immunizations required for school are up to date. **Yes / No**

Date of last Health Examination: _____ Medications: Yes / No (If yes, please fill out dosage/schedule below)
(Can be last time at a doctor if no exam done.)

Medication	Quantity	Time	Comment

Yes / No Do you give consent for these over the counter medications: Tylenol, Ibuprofen, Benadryl, Other: _____

Medication Allergies: _____

Food Allergies/Dietary Restrictions: _____

Other Allergies: _____

List any Illness, Chronic Condition, Physical Condition or Mental Limitations the camper has that requires restriction on camp participation:

Insurance Information

Insurance Company Insurance Policy # Insurance Company Phone #

Insurance Company Address Primary Physician Name Primary Physician Phone #

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian (REQUIRED)

Date