



BEAR CREEK CAMP SUMMER 2018 FAMILY CAMP REGISTRATION FORM

Adult Name(s)

Children Name(s) and Age(s)

Mailing Address

City

State

Zip

Email Address

Phone

Lodging Requests
(certain cabin/tent or family to be lodged with)

Food Allergies/Dietary Restrictions: _____

I/my family are participating in this event voluntarily. I give my child(ren) permission to participate in all camp activities sponsored by Bear Creek Camp unless indicated otherwise in writing and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I agree that I/my family will abide by all Bear Creek Camp policies and rules.

In the event I cannot be reached in 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 family. 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 me/my family. 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(ren) from not being fully immunized.

_____ Parent/Adult Signature

_____ Date

Family Camp Week Fees

- \$ _____ Retreat Center Cabin Ages 3-6 (\$150/person)
- \$ _____ Retreat Center Cabin Ages 7+ (\$300/person)
- \$ _____ Program Site Cabin Ages 3-6 (\$140/person)
- \$ _____ Program Site Cabin Ages 7+ (\$275/person)
- \$ _____ Program Site Tent Ages 3-6 (\$125/person)
- \$ _____ Program Site Tent Ages 7+ (\$250/person)
- \$ _____ Early Bird Discount—Registered by March 1 (\$15/person)
- \$ _____ Total Due
- \$ _____ Amount Enclosed
(Minimum \$25 Non-Refundable Deposit per person)

Refund Policy— All registrations for Summer Family Camp are subject to a \$25 non-refundable deposit per person. Refunds for cancellations will be made according to the following schedule:

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.

Payment

Method of Payment (please circle):

Check Money Order Online Payment

Visit bearcreekcamp.org to register and to submit a secure online payment for the week.

Send completed registration form with deposit to:

Bear Creek Camp
PO Box 278
Bear Creek, PA 18602

