

BEAR CREEK CAMP SUMMER 2019 CAMPER REGISTRATION FORM



JOSHUA 1:9

Camper's Last Name		First Name
Gender	Birth Date	Grade as of Fall 2019
Mailing Address		
City	State	Zip
Home Church	Church Town	

Session I am registering for:

First Choice: _____

Second Choice: _____

Cabin Mates Request You may only choose up to two. They must also choose you. We will do our best to place campers with their requests.

If your child has not previously attended, how did you hear about Bear Creek Camp?

Refund Policy- All registrations for residential programs are subject to a \$100 non-refundable deposit. 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.

Transferring to another 2018 summer session may be done at no charge in lieu of cancellation, subject to program openings and availability.

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

Payment Chart

Camp Fee

\$ _____ Camp Price (Try Camp - \$305 Full Week Camp - \$475)

- _____ Campership Requested (See website for details)

If applying for a campership DO NOT use discounts

Camp Discounts (ALL discounts can be combined)

- _____ Early Bird Discount (\$15, eligible if registered by March 1)

- _____ First Time To Camp Discount (\$25, NOT eligible for Try Camp)

- _____ BCA Discount (Include coupon) _____ Referred By

- _____ Church Discount (Include coupon)

- _____ Sibling Discount (First child is full price, second will receive a \$30 discount, each additional will receive a \$100 discount.)

- _____ 2nd Week Discount (Take \$170 off for full week or \$135 for Try Camp.)

- _____ Refer a Friend Discount (\$25 each - visit our website for details)

= _____ **Camp Discounts Total**

_____ Refer a Friend Full Name

Optional Additions

_____ Refer a Friend Full Name

+ _____ Camp Store Spending Money (Any amount, suggested \$10-30)

+ _____ Camp Week Quest Group Photo (\$8)

+ _____ Camp Week Video DVD (\$12)

+ _____ Camp Photo/Video DVD Package (\$15)

+ _____ Rafting Trip (\$40, Junior High & Seniors, Session 1 & 8 only)

+ _____ Seniors Canoe Trip (\$75, Session 5 & 7 only)

+ _____ Campership Donation (Help another camper pay for camp)

= _____ **Optional Additions Total**

Grand Totals

\$ _____ **Camp Fee Total**

- _____ **Camp Discounts Total**

+ _____ **Optional Additions Total**

= _____ **Total Owed**

\$ _____ **Amount Enclosed** (Minimum \$100 Non-Refundable Deposit)



Bear Creek Camp 2019 - Camper Information

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

Parent/Guardian Info

Alternate Phone 1	Alternate Phone 2
-------------------	-------------------

Name	Relationship to Camper	Occupation	Email
------	------------------------	------------	-------

Alternate Phone 1	Alternate Phone 2
-------------------	-------------------

Name	Relationship to Camper	Occupation	Email
------	------------------------	------------	-------

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

Contact Name	Relationship to Camper	Contact Phone
--------------	------------------------	---------------

Health History

YES NO All immunizations required for school are up to date.

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:

YES NO Medications (If yes, please fill out dosage/schedule below)

Medication	Quantity	Time	Comment

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. Bear Creek Camp Behavioral Health Policy: Bear Creek Camp respects the confidentiality of an individual's mental and/or behavioral health diagnosis and treatment. It is the responsibility of the Parent/Guardian of a camper to inform Bear Creek Camp Staff if their child is presently being treated for a mental or behavioral health diagnosis and how the Staff can best support the camper. Bear Creek Camp has to ensure the safety of all campers. If a camper exhibits behaviors that can put themselves or others in danger, the behavior will be reported to a Camp Director immediately. The camper's Parent/Guardian may be called and the camper may be sent home. If the camper is exhibiting behaviors that are deemed a crisis, the Director will call the local county crisis services to determine the level of intervention that needs to occur.

Signature of Parent/Guardian (REQUIRED)	Date
---	------