

CAMP PEARL 2010 Summer Camp

Registration Form



Name of Camper _____ Boy Girl

Mailing Address _____ DOB ____/____/____

City _____ State _____ Zip _____ Grade this Fall _____

Name of Parents/Guardian _____

Home Phone: _____ Cell _____ Work _____

Email Address _____ Church Affiliation: _____

Permission to swim: yes no First time camper: yes no Dorm mate: _____

<p>Camp Dates Check camp(s) you are registering to attend</p> <p><input type="checkbox"/> Sr. High (gr.9-12) June 21-25</p> <p><input type="checkbox"/> Jr. High 1 (gr.6-7) July 5-9</p> <p><input type="checkbox"/> *Deeper Impact (gr. 9-12) July 19-22</p>	<p><input type="checkbox"/> Jr. High 2 (gr.7-8) June 28-July 2</p> <p><input type="checkbox"/> Junior (gr.5-6) July 12-16</p> <p><input type="checkbox"/> Primary (gr.3-4) July 26-30</p>	<p>Check your T-SHIRT SIZE</p> <p><input type="checkbox"/> Youth Small</p> <p><input type="checkbox"/> Youth Medium</p> <p><input type="checkbox"/> Youth Large</p> <p><input type="checkbox"/> Adult Small</p> <p><input type="checkbox"/> Adult Medium</p> <p><input type="checkbox"/> Adult Large</p> <p><input type="checkbox"/> X-Large</p> <p><input type="checkbox"/> 2X</p>
<p>*Deeper Impact application forms are mailed as requested. Email don@camppearl.com or angie@camppearl.com to receive by email. Cost for Deeper Impact is \$75.00 and may be mailed in with Deeper Impact form.</p>		

<p>Camp Fees</p> <ul style="list-style-type: none"> Total Camper Fee is \$145.00 per camper. This includes the \$35.00 registration fee (T-shirt included) Primary & Junior Campers have the option to deposit their spending money in a bank account. For this age we highly recommend this. The canoe trip is for Sr. High week only. Cost is \$30.00 	<p>\$35.00 Registration fee.....\$ 35.00 [non-refundable/send with this form]</p> <p>\$110.00 Balance.....\$ _____ [pay on or before arrival]</p> <p>\$30.00 Canoe trip fee \$ _____ [Sr. High camp only]</p> <p>Camp Bank\$ _____ [Primary/Junior camps only]</p> <p>Total Amount Enclosed\$ _____</p>
<p>OFFICE USE ONLY:</p> <p>Check Amount: _____ Ck No. _____ Ck.Date _____</p> <p>Name on Check: _____</p> <p>Cash Amount \$ _____ Date Received: _____</p> <p>Given by: _____</p>	

CAMP PEARL 2010 MEDICAL INFORMATION

Parents: This form must be filled out and signed by the legal parents/guardians of the camper. Campers will not be registered without the following information and signatures. If your camper will be picked up by someone other than you on Friday — please call the office and leave the name of person picking up your child.

CAMPER'S NAME _____ AGE _____ DOB ____/____/____

Home Phone: _____ Work Ph. _____

Father's cell _____ Mother's cell _____

Emergency contact (if we can't reach you) Name _____

Phone _____ Relationship to camper _____

Name of Doctor _____ Phone _____

List medications your child will require while at Camp. (Meds will be checked in with the staff when you check in your camper. Please send meds in their original containers. You may send OTC meds like advil/tylenol if your camper requires these meds.)

Name of Medication

Dosage

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List allergies: _____

Approximate date of last tetanus booster: _____

I declare the above information to be true and give my permission for my child to be treated by a doctor in case of an emergency.

Signature of parent/guardian: _____

A note about electronics....we ask that you leave all electronic devises at home (cell phones, ipods, etc. if necessary, items will be stored in the office and returned on Friday). We believe these hinder the camper from experiencing Camp the way it should be experienced and appreciate your cooperation in this matter. Your signatures below signify your agreement to our policies and standards.

Camper: _____

Parent/guardian: _____