



# Camp Pearl 2011 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  Dorm mate: \_\_\_\_\_

**Camp Dates**  
 Check camp(s) you plan to attend

Boys Adventure (Gr.6-8) May 31-June 2

Sr. High (gr.9-12) June 20-24

Jr. High 2 (gr.7-8) June 27-July 1

Jr. High 1 (gr.6-7) July 4-8

Junior (gr.5-6) July 11-15

**\*Deeper Impact (gr. 9-12) July 18-21**

Primary (gr.3-4) July 25-29

\*Deeper Impact application forms are mailed as requested. Email don@camppearl.com or angie@camppearl.com to receive by email or call 337-666-2443/leave contact info. Cost for DI is \$75.00. DI begins at 10am Monday-ends 11am Thursday.

Check your T-shirt size.

Youth Small

Youth Medium

Adult Small

Adult Medium

Adult Large

X-Large

2X-Large

**Camp Fees**  
 Summer Camp Fee is \$145.00 per camper.  
 Boys Adventure Camp Fee is \$85.00 per camper.  
 Deeper Impact is \$75.00 per camper.

A \$35.00 Registration fee is required for **each** camp you attend and will be applied toward total balance owed.  
 Primary Campers (3-4) & Junior Campers (5-6) have the option to deposit their spending money in a "bank" account.

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\$35.00 Registration fee (per camp session) \$ \_\_\_\_\_  
 (non-refundable/must accompany form)

\$Balance \$ \_\_\_\_\_

\$30.00 Canoe trip fee (Sr. Hi only) \$ \_\_\_\_\_

Camp Bank \$ \_\_\_\_\_  
 Primary & Junior Camps ONLY

Total Amount Enclosed \$ \_\_\_\_\_

**OFFICE USE ONLY**

Cash Amount: \_\_\_\_\_ Ck No. \_\_\_\_\_ Ck Date \_\_\_\_\_

Name on Check: \_\_\_\_\_

Cash Amount \$ \_\_\_\_\_ Given by: \_\_\_\_\_

Date Received \_\_\_\_\_

## CAMP PEARL 2011 MEDICAL INFORMATION

**Parents:** This form must be filled out and signed by the legal parents/guardians of the camper. Your camper will not be registered without the following information and signatures. If you plan to have someone else pick up your child on Friday, please contact our office.

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 \_\_\_\_\_

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 devices at home (cell phones, ipods, etc.). 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: \_\_\_\_\_