

Camp and Conference Registration / Health Form

Christian Church in PA
PO Box 90
Greensburg, PA 15601

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Part I: Camper Information

Camper Name		Home Phone	Cell Phone	
Address (street, City, State, Zip)				
Date of Birth	Current Grade		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name of Parent/Legal Guardian			Parent/Guardian Cell Phone	
Church you regularly attend		Guest Of		
Parent/Guardian E-mail		Camper E-mail		

Part II: Youth Retreat

Select Event	<input type="checkbox"/> Youth Retreat	<input type="checkbox"/> Young Adult Retreat	<input type="checkbox"/> Camp Reunion	<input type="checkbox"/> Other
Location:	<input type="checkbox"/> Laurelview	<input type="checkbox"/> Other: _____		
Sponsoring Church(es)				
Dates of Retreat				
Person Providing Transportation:				
	Name	<input type="text"/>	Cell	<input type="text"/>

Part III: Special Instructions

Make checks payable to:
Christian Church in PA

Part IV: Camper Health Information

This section must be completed

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Camper's Name _____ Height Weight

Is the camper subject to any of the following medical conditions? (Mark all that apply)

Asthma Sleepwalking Allergy to Insect Stings Seizures Diabetes

Other _____

Has the camper had the following immunizations? If not, have they had the disease? (Mark all that apply)

Measles Mumps DPT (Diphtheria, Pertussis, Tetanus) Varicella (Chicken Pox)

Please provide date of last tetanus immunization: / /

Does the camper have any allergies? If so, what are they? _____

Does the camper carry an EPI-PEN? YES NO

Does the camper have any dietary restrictions? (If yes explain) _____

Does the camper take medications daily or as needed (Over the Counter or Prescription)? YES NO

If yes, what are they? _____

Prescription medications must be in their original container with the camper's name, physician's name, and dosage instructions on the label. Camp staff must be told the number of dosages in the bottle upon arrival.

Please explain any emotional/behavioral concerns or family circumstances which may affect the camper's full participation.

Camper's Physician _____ Physician Phone Number _____ - _____ - _____

Insurance Name _____ Insured's Name _____

Group Number _____ Policy Number _____

Emergency Contact _____ Emergency Contact Phone Number _____ - _____ - _____

Emergency Release

In case of an emergency, I hereby give permission to the Camp Director to secure the proper treatment for my child and I will assume financial responsibility for any services that are rendered necessary. I agree not to hold the Camp director, staff, the Christian Church in PA, or the sponsoring churches responsible for any accident or illness that might occur to my child while attending camp.

Signature of Parent/Guardian _____

Camper/Parent Commitment

For the health and safety of all campers: (1)Alcohol, illegal drugs, weapons, fireworks, and other hazardous substances are banned from camp. (2)Campers are not permitted to smoke, and (3)Campers who violate these rules will be sent home.

Signature of Camper _____ Signature of Parent/Guardian _____