

Summer Retreat 2020

Please fill out this form and click submit.

Camper Information

Please fill out the following information for each camper signing up. Please fill out one form per camper. Early registration for \$200 ends June 28th. Late registration ends July 15 f cost of \$225.

First & Last Name

Address

Cell Phone

Date of Birth (MM/DD/YY)

Age

Gender

Please select all that apply.

- Male
 Female

Email *Optional*

Camper will obey all camp policies, procedures, dress and conduct code and will be respectful and cooperative at all times

Please select all that apply.

- Yes
 No

Parental Information and Consent

Mother/Guardian's Name *Optional*

Mother/Guardian Phone Number *Optional*

Mother/Guardian Email *Optional*

Father/Guardian Name *Optional*

Father/Guardian Phone Number *Optional*

Father/Guardian Email *Optional*

I, the parent/legal guardian of Camper named above, have read and understand the camp policy and dress/conduct code and have advised camper of these rules and obligation to abide by them.

Please select all that apply.

- Yes
 No

I, the parent/legal guardian of Camper named above understand that I will be notified in case of a medical emergency involving the camper. If I cannot be reached, I authorize the calling of a doctor and/org the providing of necessary medical services. I authorize the camp nurse and executive staff to make emergency medical decisions on behalf of the camper as required by law.

Please select all that apply.

- Yes
 No

Camper Medical Information

Emergency Contact

Emergency Contact Phone Number

Emergency Contact Relationship to Camper

Family Physician Name *Optional*

Family Physician Phone Number *Optional*

Camper has been diagnosed with and/or treated for head lice in the past 14 days

Please select all that apply.

- Yes
 No

Camper has been diagnosed with and/or treated for COVID-19 in the past 14 days

Please select all that apply.

- Yes
 No

Camper has any injuries/sickness preventing him/her from participating in camp activities or which staff should be made aware of

Please select all that apply.

- Yes
 No

If yes, please explain: *Optional*

Camper has any allergies or food/modifications

Please select all that apply.

- Yes
- No

If yes, please explain: *Optional*

Camper requires prescription and/or over-the-counter medication

Please select all that apply.

- Yes
- No

If yes, please provide instructions if necessary *Optional*

I give permission for camper to be given OTC medications provided by Camp Nurse for minor sickness (Tylenol, Motrin, Pepto Bismal, etc)

Please select all that apply.

- Yes
- No

List any exclusions *Optional*

Camper Registration

A non-refundable \$50 deposit is required to secure your spot and is due by June 7. Early registration for \$200 (minus deposit) ends June 28th. Late registration ends July 15 for a of \$225 (minus deposit). Payments can be made in person to the youth staff or online.

Payment

- Deposit (\$50.00)
- Full Amount (plus deposit) (\$200.00)
- Custom Amount

Credit/Debit Card Number

Expiration Date/CVC

Name on Card

Card Billing Address
