

# NE District Camp Peniel Registration Form

294 Peniel Lane, Meyersdale, PA 15552 (814) 634-5106

Mailing Address: 620 Main Street, Berlin, PA 15530

<b>Week Attending</b>	Mini	Junior	Senior
Amt. Enclosed: \$	Ck#	Cash	

## Campers Information

Full Name: _____ Male Female	Birth date: _____
Address: _____	Age (as of June 1st) _____ Grade (going into) _____
Town/State: _____ Zip: _____	E-mail: _____
Phone: ( ) _____	Shirt Size: CS CM CL AS AM AL AXL AXXL
One friend you would like to be with: (*Directors have final choice of placement.)	

## Medical Information

\*NOTE: COPIES OF ALL INSURANCE CARDS MUST BE ATTACHED WITH APPLICATION.

Do you have medical insurance? _____ Yes No	May your child be given? _____	Tylenol _____ Yes No	Benadryl _____ Yes No
Yes, please provide the following information:			
Medical Insurance Co.: _____	Policy No.: _____		
Family Physician: _____	Phone: _____		
Address: _____	Date of Last Tetanus Shot: _____		
Food Allergies: _____	Allergic to bee stings? _____	Yes	No
Other Allergies: _____			
Other conditions need to be made aware. (sleep walker, bottom bunk.. Etc.)			
<b>Medications*:</b>			
Name, strength & Frequency			
List all medication			

\*All medications taken during camp must be in a ziploc bag or container with campers name on. Camp nurse and/or director will be in charge of all medications. All medications and instructions for each medication must be listed on the bag or an index card inside of bag.

## Emergency Contacts - list in the order, in which you wish to have contacted.

1. Name: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____
2. Name: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____
3. Name: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____

## Home Church

Church Name: _____	Pastor: _____
Address: _____	

\* In case of accident or illness, I give permission for the director to transport or call for an ambulance for the camper to take the listed camper to a local medical facility. I give permission for the physician to give medical treatment as necessary. Every effort will be made to notify the parent/guardian when medical treatment is necessary. **NOTE: IF MEDICAL TREATMENT IS NEEDED, THE FAMILY IS RESPONSIBLE FOR ALL COSTS INCURRED.**

\* It is our understanding that while at camp the above camper will be under the guidance and jurisdiction of the staff and directors of the camp. It is my desire that he/she be trained in Christian precepts. The above camper understands that while at camp, he/she will be expected to conduct themselves in a manner that will add to the Christian atmosphere of the camp. Parent/guardian and camper listed, agree to abide by ALL guidelines of the camp. If any problems arise the parent/guardian will be notified by the director. Depending on the circumstance the above camper may be sent home for the remainder of the week.

**Camper listed above may be photographed and videotaped for promotional and website purposes of Camp Peniel. YES NO**  
**We (camper and parent/guardian) have read and agree to all the information listed on this form to be correct to the best of our knowledge.**

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date