



# CAMP CONQUEST

480 Forest Road, Denver, PA 17517

717.336-2541 voice • (717) 336 2678 fax • info@campconquest.org

www.campconquest.org

## 2010 Summer Camp Registration

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

Birthdate \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent's Email \_\_\_\_\_ Church \_\_\_\_\_

Cabin Mate Request \_\_\_\_\_

Information for the Counselor \_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

(please check appropriate box)

CAMP PROGRAM	AGES	2010 DATES	2010 PRICE	DAY CAMP OPTION
<input type="checkbox"/> Quest Camp	13-15	June 20-25	\$245	N/A
<input type="checkbox"/> Wilderness Camp	Boys 8-11	June 20-22	\$190	N/A
<input type="checkbox"/> Adventure Camp A	10-12	June 27 - July 2	\$245	<input type="checkbox"/> \$135
<input type="checkbox"/> Explorer Camp A	9-11	June 27 - July 2	\$245	<input type="checkbox"/> \$135
<input type="checkbox"/> Pioneer Camp A	7-9	June 27 - July 2	\$245	<input type="checkbox"/> \$135
<input type="checkbox"/> Adventure Camp B	10-12	July 4-9	\$245	<input type="checkbox"/> \$135
<input type="checkbox"/> Explorer Camp B	9-11	July 4-9	\$245	<input type="checkbox"/> \$135
<input type="checkbox"/> Pioneer Camp B	7-9	July 4-9	\$245	<input type="checkbox"/> \$135
<input type="checkbox"/> Adventure Camp C	10-12	July 11-14	\$230	<input type="checkbox"/> \$120
<input type="checkbox"/> Explorer Camp C	9-11	July 11-14	\$230	<input type="checkbox"/> \$120
<input type="checkbox"/> Pioneer Camp C	7-9	July 11-14	\$230	<input type="checkbox"/> \$120

### DISCOUNTS:

**Early:** Registrations received prior to May 1 will receive a \$5 discount.

**Family:** Each family member after the first will receive \$10 discount up to the 4th sibling.

**Financial Assistance:** Limited campership funds are available. Contact the camp office for an application.

Does the camper have any physical considerations which would limit his/her involvement in the total camping program or require additional assistance?

\_\_\_\_\_

\_\_\_\_\_

Are there any medications to be administered at camp? Please list name, dosage, frequency. Must be given to the health care staff in the original container.

\_\_\_\_\_

\_\_\_\_\_

Please list any known allergies.

\_\_\_\_\_

\_\_\_\_\_

Additional information for the Health Care staff.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

### Parent/Guardian Authorizations:

I certify that I am the parent or guardian of the above named child. I hereby grant permission for my child to participate in all activities. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper named above. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I understand that Camp Conquest does not carry medical or accidental insurance for the camper participants, and I hereby certify that my child, named above, is covered by a personal insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the above named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense. In signing this registration, I hereby certify that all information is correct and I give permission for the use of photographs, audio, and video footage including my child in camp publicity, for my child to be transported in camp operated vehicles for approved out-of-camp activities and for purposes of medical transport, and for the release of medical records in case of illness.

Enclosed is a \$75 non-refundable, non-transferable deposit per camper is due with this registration and will be applied to the balance of the camp fee. Any discount will be applied to the fee balance.

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

**Important Note:** Please send separate registration form for each camper. Registration fee must be submitted with completed registration at least two week prior to camp session. Checks should be made payable to: **Camp Conquest, 480 Forest Road, Denver, PA 17517**