



2012 SUMMER CAMP REGISTRATION

CAMP CONQUEST

480 Forest Road, Denver, PA 17517 / P: 717.336.2541 F: 717.336.2678
 info@camconquest.org / www.camconquest.org



Camper Name _____ Age _____ M / F

Birthdate _____ Home Phone () _____

Street _____ City _____ State _____ Zip _____

School _____ City _____ State _____

Church _____ City _____ State _____

Parent Name _____

Parent's Email _____ Cell Phone () _____

Second Email _____ Second Phone () _____

Emergency Contact _____ Cell Phone () _____

Cabin Mate Request _____

Information for the Counselor _____

Family Physician _____ Phone () _____

Address _____

Insurance Company _____ Policy # _____

Address _____

CAMP PROGRAM	AGES	DATES	PRICE	DAY CAMP OPT.
<input type="checkbox"/> STACC	15 - 18	June 23 - July 6	\$75	N/A
<input type="checkbox"/> Forerunner Camp	15 - 18	June 17 - 22	\$275	N/A
<input type="checkbox"/> Quest Camp	13 - 15	June 17 - 22	\$260	N/A
<input type="checkbox"/> Wilderness Boys	8 - 12	June 17 - 19	\$155	N/A
<input type="checkbox"/> Wilderness Girls	8 - 12	June 17 - 19	\$155	N/A
<input type="checkbox"/> Adventure Camp A	10 - 12	June 24 - 29	\$260	<input type="checkbox"/> \$140
<input type="checkbox"/> Explorer Camp A	9 - 11	June 24 - 29	\$260	<input type="checkbox"/> \$140
<input type="checkbox"/> Pioneer Camp A	7 - 9	June 24 - 29	\$260	<input type="checkbox"/> \$140
<input type="checkbox"/> Adventure Camp B	10 - 12	July 1 - 6	\$260	<input type="checkbox"/> \$140
<input type="checkbox"/> Explorer Camp B	9 - 11	July 1 - 6	\$260	<input type="checkbox"/> \$140
<input type="checkbox"/> Pioneer Camp B	7 - 9	July 1 - 6	\$260	<input type="checkbox"/> \$140

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, and frequency. These must be given to the health care staff in the original container.

Please list any known allergies.

Additional information for Health Care staff.

Are all other vaccinations current per doctor/parent and on file with listed physician?

yes no

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 which is due with this registration and will be applied to the balance of the camp fee. Any discounts 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 weeks prior to camp session. Checks should be made payable to: **Camp Conquest, 480 Forest Road, Denver, PA 17517**