

Camper Registration Form 2010

Please complete and send the following:

- This form (Camper Registration Form)
- Summer Medical Form
- A copy of the Camper's medical insurance card
- A money order for the full amount

Please send registrations to:

Camp Deerpark
P.O. Box 394
Westbrookville, NY 12785

Refund policy

Full refunds will be given up to and on June 18th. Sorry, no refunds will be given after June 18th.

Camper Information

Last Name _____ First Name _____

Birth Date _____ Gender: _____ Age this summer: _____

Medical insurance carrier: _____

Policy # _____ Group # _____

Packing list

- Swimsuit
- Flashlight
- Towel
- Sleeping Bag
- Sheets (if you don't have sleeping bag)
- Pillowcase
- Insect Repellent
- Sweater or Jacket
- Bible (if you have one)
- Shoes for hiking
- Old sneakers or water shoes for rafting
- Water bottle

Which Camps are you registering for?

Camp	Date	Cost
<input type="checkbox"/> Basketball Camp	(Tues 7/6—Fri 7/9)	\$200
<input type="checkbox"/> Drama/Dance Camp	(Tues 7/6—Fri 7/9)	\$200
<input type="checkbox"/> Children's Camp Week 2	(Sun 7/11—Fri 7/16)	\$250
<input type="checkbox"/> Children's Camp Week 3	(Sun 7/18—Fri 7/23)	\$250
<input type="checkbox"/> Children's Camp Week 4	(Sun 7/25—Fri 7/30)	\$250
<input type="checkbox"/> Children's Camp Week 5	(Sun 8/1—Fri 8/6)	\$250
<input type="checkbox"/> Children's Camp Week 6	(Sun 8/8—Fri 8/13)	\$250
<input type="checkbox"/> Teen Camp	(Sun 8/15- Wed 8/19)	\$200
<input type="checkbox"/> Leadership Discipleship Program	(Mon 8/23—Mon 8/30)	\$250
<input type="checkbox"/> Wilderness Expedition	(Mon 8/30---Fri 9/3)	\$250

Totals	
Cost of Camp	
T-shirt (\$10)	
Grand Total Enclosed	

What not to bring:

- Cell phone, I-pod or any other electronics
- Jewelry or valuables
- Money

Parent/Guardian Information

Last Name _____ First Name _____

Phone(Home): (____) _____ (Cell) (____) _____ (Work) (____) _____

Address: _____ Apt _____ City _____ State _____ Zip _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Information/Medical Release

I hereby give Camp Deerpark permission to take my child to any hospital facility or outside doctor when deemed necessary or to be treated by Camp Deerpark medical staff. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for services rendered by anyone other than Camp Deerpark's medical staff are my responsibility.

Sign

Parent/Guardian Signature: _____

I certify that the enclosed information is correct and I give permission for my son and/or daughter to be transported in Camp Deerpark privately owned vehicles for approved out-of-camp activities and for the release of medical records in case of illness. I understand that in order for my child to remain at camp, he/she must cooperate and comply with all camp policies and activities. I give my permission for photographs or videos of my child to be used in camp promotional material. If I do not give consent for photographs and videos of my child to be used I will print "decline" here: _____

Sign

Parent/Guardian Signature: _____