Bear Creek Camp
P.O. Box 278
Bear Creek, PA 18602

Nature Day Camps 2008

Camper's Name: _____ Age: _____ Gender: M F Birth date: ____/____/___
Last First

Camper's Address: _____
Street City State Zip

Parent or Guardian Name: _____ E-mail: _____
Last First

Additional Parent or Guardian Name: _____ E-mail: _____
Last First

Home Phone: (_____)_____Work Phone: (_____)_____Cell Phone: (_____)_____

Additional persons authorized to pickup camper:

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

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

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

Please place a check mark by all the camps that you wish your child to attend.

Young Naturalists $70 (ages 4-6)
- ☐ Session 1- Nuts about Nature
- ☐ Session 3- Frogs and Friends
- ☐ Session 4- A Sense of Discovery
- ☐ Session 5- Creatures of the Sky
- ☐ Session 6- Wet and Wild
- ☐ Session 7- Creepy Crawlers
- ☐ Session 8- Forest Friends

Junior Explorers $140 (ages 7-10)
- ☐ Session 1- Habitat Hikers
- ☐ Session 3- Reptile & Amphbibian Investigation
- ☐ Session 5- Aquatic Adventures
- ☐ Session 6- Fishing Frenzy
- ☐ Session 8- Mammal Mania

Senior Explorers $140 (ages 11-14)
- ☐ Session 4- Fishing Camp
- ☐ Session 7- Adventure Camp

Does your camper have any… If yes, please describe…

- Allergies (food, medicine, insects, etc)? Yes No _____
- Recent injuries/illnesses that may impact participation? Yes No _____
- Chronic injuries/illnesses that may impact participation? Yes No _____
- Physical limitations that may impact participation? Yes No _____
- Other special needs that may impact participation? Yes No _____

Aftercare $25/week (ages 7-14)
- ☐ **Session 1**
- ☐ **Session 3**
- ☐ **Session 4**
- ☐ **Session 5**
- ☐ **Session 6**
- ☐ **Session 7**
- ☐ **Session 8**

My camper is participating in this event voluntarily and agrees to abide by all Bear Creek Camp policies and rules. Any images taken while participating in camp activities may be used for the camp's promotion free of any claims.

In the event of an emergency, I hereby give permission to the physician selected by Bear Creek Camp to secure and administer treatment, including hospitalization, for the camper named on this form. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposed. I give permission to the camp to arrange necessary related transportation for the camper named on this form. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover costs related to such injury or illness.

Signature: _____ Relationship to Camper: _____ Date: _____

For Office Use Only

Date _____Ck# _____From _____ $_____ Date _____Ck# _____From _____ $_____