



CONNECT

WINTER CAMP AT BEAR CREEK CAMP

Camper's Last Name	First Name	Primary Phone
Mailing Address		City
		State
		Zip
Gender	Birth Date	Current Grade

I am registering for CONNECT:

January 10-12 (9-12th Grade)

January 24-26 (4-8th Grade)

Church Info

Home Church	Church Town
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Cabin Mates (You may only choose up to 2. They must also choose you. We will do our best to place campers with their requests.)

If your child has not previously attended, how did you hear about Bear Creek Camp?

CONNECT Retreat Fees

\$ 115 CONNECT Weekend Retreat Price (\$115)

\$ _____ Sibling Discount - First sibling is full-price with second and subsequent siblings each receiving a \$10 discount .

\$ _____ Total Due

\$ _____ Amount Enclosed (Minimum \$25 Non-Refundable Deposit)

Refund Policy— All CONNECT registrations are subject to a \$25 non-refundable deposit.

Refunds for cancellations will be made according to the following schedule:

- No-show or less than 1 week in advance: 50% refund of cost
- More than 1 week in advance: refunded fully minus non-refundable deposit
- Cancellations due to medical reasons: Refunded 100% when we receive a doctor's certification

Transferring to another session or program within the same year can be done at no charge in lieu of cancellation, subject to program openings and availability.


Payment

Method of Payment:

Check
 Money Order
 Online Payment

Visit bearcreekcamp.org to register and to submit a secure online payment for the weekend.

Send completed registration form with deposit to:
Bear Creek Camp
PO Box 278
Bear Creek, PA 18602



Bear Creek Camp 2020 - Camper Information

Camper's Last Name First Name Gender Birth Date Primary Phone

Parent/Guardian Info

Alternate Phone 1 Alternate Phone 2

Name Relationship to Camper Occupation Email

Alternate Phone 1 Alternate Phone 2

Name Relationship to Camper Occupation Email

Emergency Contact Info: (Must be someone other than listed above)

Contact Name Relationship to Camper Contact Phone

Health History

YES NO All immunizations required for school are up to date.

YES NO Do you give consent for these over the counter medications: Tylenol, Ibuprofen, Benadryl, Other: _____

Medication Allergies: _____

Food Allergies/Dietary Restrictions: _____

Other Allergies: _____

List any Illness, Chronic Condition, Physical Condition or Mental Limitations the camper has that requires restriction on camp participation:

YES NO Medications (If yes, please fill out dosage/schedule below)

Medication	Quantity	Time	Comment

Insurance Information

Insurance Company Insurance Policy # Insurance Company Phone #

Insurance Company Address Primary Physician Name Primary Physician Phone #

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. 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 all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian (REQUIRED) Date