



BEAR CREEK CAMP
NATURE
DAY CAMPS

Camper's Last Name	First Name	Gender	Age
Mailing Address	City	State	Zip
Primary Phone	Home Church	Church Town	

Nature Day Camp 2020:

Please circle your sessions in the grid below. You may sign up for more than one session!
Each Nature Day Camp Session runs Monday through Friday from 8:30am-3pm for ages 4-14.

Session Dates	6/15-6/19	6/22-6/26	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7
Pricing: \$175 per week Sibling discount: First child is full price, each additional will receive a \$10 discount.	Adventure Week	Nuts About Nature	Eco Explorer	Wilderness Survival	Wet and Wild	Outdoor Olympics	End of Summer Blast

Refund Policy- All registrations for Nature Day Camp programs 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 of camp.
More than 1 week: refunded minus deposit. Cancellations due to medical reasons: Refunded 100% when we receive a doctor's certification.

Transferring to another 2020 summer session may be done at no charge in lieu of cancellation, subject to program openings and availability.

Payment

Method of Payment (please circle):

Check Money Order Online Payment

Visit our site, www.bearcreekcamp.org, to submit a secure online payment for the summer. It is fast, easy and safe!

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

Payment Chart

Nature Day Camp

\$ _____ \$175 x Number of Sessions

- _____ Additional Sibling Discount (\$10) x Number of Sessions

Optional Additions

_____ Camp Group Photo (\$8) x Number of Sessions

_____ Rafting Trip (\$40 for campers who have completed 7th grade and above, available Adventure Week & End of Summer Blast)

Grand Totals

= _____ **Total Owed for Nature Day Camp**

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



Bear Creek Camp 2020 - Camper Information

Only one Health History Form is required for the 2020 camping session. The office will keep it on file to use when a child is signed up for multiple camps.

Camper's Last Name	First Name	Gender	Birth Date	Primary Phone
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Parent/Guardian Info

Name	Relationship to Camper	Occupation	Email
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Emergency Contact Info: (Must be someone other than listed above)

Contact Name	Relationship to Camper	Contact Phone
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Additional Names and Phone Numbers of Adults Authorized to Transport Your Child from Camp

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 #
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Insurance Company Address	Primary Physician Name	Primary Physician Phone #
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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. Bear Creek Camp Behavioral Health Policy: Bear Creek Camp respects the confidentiality of an individual's mental and/or behavioral health diagnosis and treatment. It is the responsibility of the Parent/Guardian of a camper to inform Bear Creek Camp Staff if their child is presently being treated for a mental or behavioral health diagnosis and how the Staff can best support the camper. Bear Creek Camp has to ensure the safety of all campers. If a camper exhibits behaviors that can put themselves or others in danger, the behavior will be reported to a Camp Director immediately. The camper's Parent/Guardian may be called and the camper may be sent home. If the camper is exhibiting behaviors that are deemed a crisis, the Director will call the local county crisis services to determine the level of intervention that needs to occur.

Signature of Parent/Guardian (REQUIRED)	Date
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