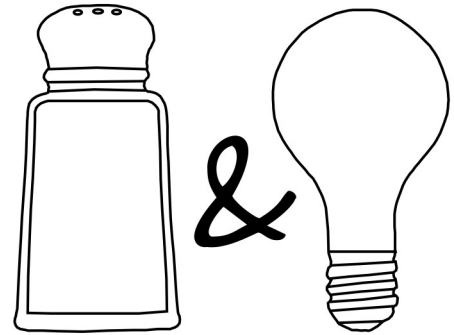





# BEAR CREEK CAMP CONNECT 2017



Matthew 5:13-16

<hr/> <div style="display: flex; justify-content: space-between;"> <span>Camper's Last Name</span> <span>First Name</span> <span>Primary Phone</span> </div> <hr/>		
<hr/> <div style="display: flex; justify-content: space-between;"> <span>Mailing Address</span> <span>City</span> <span>State</span> <span>Zip</span> </div> <hr/>		
<hr/> <div style="display: flex; justify-content: space-between;"> <span>Gender</span> <span>Birth Date</span> <span>Current Grade</span> </div> <hr/>		<p><b>I am registering for CONNECT:</b></p> <p><input type="checkbox"/> January 13-15 (7-12th Grade)</p> <p><input type="checkbox"/> February 3-5 (4-8th Grade)</p>
<p><b>Church Info</b></p> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Home Church</span> <span>Church Town</span> </div> <hr/>		
<p><b>Cabin Mates</b> (You may only choose up to 2. They must also choose you. We will do our best to place campers with their requests.)</p> <hr/> <hr/> <p>If your child has not previously attended, how did you hear about Bear Creek Camp?</p> <hr/> <hr/>	<p><b>CONNECT Retreat Fees</b></p> <p>\$ <u>115</u> CONNECT Weekend Retreat Price (\$115)</p> <p>- \$ _____ Sibling Discount - First sibling is full-price with second and subsequent siblings each receiving a \$10 discount on their registrations.</p> <p>+ \$ _____ Optional Camp Store Credit (Any amount, suggested \$10-30)</p> <p>\$ _____ Total Due</p> <p>\$ _____ Amount Enclosed (Minimum \$25 Non-Refundable Deposit)</p>	
<p><b>Refund Policy</b>— All CONNECT registrations are subject to a \$25 non-refundable deposit.</p> <p>Refunds for cancellations will be made according to the following schedule:</p> <p>-No-show or less than 1 week in advance: 50% refund of cost</p> <p>-More than 1 week in advance: refunded fully minus non-refundable deposit</p> <p>-Cancellations due to medical reasons: Refunded 100% when we receive a doctor's certification</p> <p>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.</p>	<p><b>Payment</b></p> <p><b>Method of Payment:</b></p> <p style="text-align: center;"> <input type="checkbox"/> Check            <input type="checkbox"/> Money Order            <input type="checkbox"/> Online Payment       </p> <p style="text-align: center; font-weight: bold;">         Visit <a href="http://bearcreekcamp.org">bearcreekcamp.org</a> to register and to submit a secure online payment for the weekend.       </p> <p>Send completed registration form with deposit to:</p> <p><b>Bear Creek Camp</b>  <b>PO Box 278</b>  <b>Bear Creek, PA 18602</b></p> <div style="text-align: right;">  </div>	

# Bear Creek Camp 2017 - 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:

Medications:    YES    NO    (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