



BEAR CREEK CAMP SUMMER 2021 FAMILY CAMP REGISTRATION FORM

Adult Name(s)

Children Name(s) and Age(s)

Mailing Address City State Zip

Email Address Phone Lodging Requests
(if you would intend to lodge with another family)

Food Allergies/Dietary
Restrictions (e.g. Vegetarian,
Gluten Free, Vegan, ect): _____

I/my family are participating in this event voluntarily. I give my child(ren) permission to participate in all camp activities sponsored by Bear Creek Camp unless indicated otherwise in writing and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I agree that I/my family will abide by all Bear Creek Camp policies and rules.

In the event I cannot be reached in 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 family. 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 me/my family. 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(ren) from not being fully immunized.

_____ _____
Parent/Adult Signature Date

Family Camp Week Fees

- \$ _____ Retreat Center Cabin Ages 3-6 (\$170/person)
- \$ _____ Retreat Center Cabin Ages 7+ (\$320/person)
- \$ _____ Program Site Cabin Ages 3-6 (\$160/person)
- \$ _____ Program Site Cabin Ages 7+ (\$295/person)

*Housing is allocated based on time of registration. Should selected housing be unavailable at the time of received registration, contact will be made to offer any available alternative accommodations.

\$ _____ Total Due

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

Refund Policy— All registrations for Summer Family Camp are subject to a \$25 non-refundable deposit per person. 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.

Payment

Method of Payment (please circle):
 Check Money Order Online Payment

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

Send completed registration form with deposit to:

Bear Creek Camp
PO Box 278
Bear Creek, PA 18602

