



Girls Winter Retreat

With Stephanie Peters & Jen Shawley

February 5th – 7th, 2010

For girls in grades 7–12. \$45

Come and take a little time to get away from everyday routines to hang out with your friends and grow closer to God! The weekend will include great worship with a variety of teaching times, indoor & outdoor games (weather permitting), good food, and fellowship. Enjoy a few days in the beautiful setting of Camp K alongside friends and leaders as we seek God's face.

Stephanie...singer, songwriter, speaker, and friend. She's gone parasailing over the ocean, seen lions and giraffes on an African safari, but most of all has seen Jesus do amazing things in her life and the lives of others.

This is **Jen**.

Jen lives in State College.

Jen has a dog named Stuart.

Jen has crashed a four-wheeler, gone parasailing over Ocean City, flown to India, and still finds Jesus to be the greatest adventure of her life!

Jen is also really excited to meet you!



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Parent's Name _____

Camper's Name _____

Age _____ Grade _____

Address _____

City _____ State ____ Zip _____

Home Phone (____) _____

Emergency Contact _____

Emergency Phone (____) _____

Is this camper in general good health and able to participate in all normal camp activities? Yes No
If no, please submit a statement indicating limitations.

List any allergies & ongoing health concerns _____

List all medications that your child is taking

(These must be left with the camp leader)
Current tetanus shots/boosters are required.

Date of child's last tetanus booster _____

Most recent physical examination date _____

Primary Care Physician Name & Phone Number _____

Parent Must Sign

Parent Signature _____

My Insurance Co. _____

Policy # _____

Send this form with your non-refundable deposit of \$25 (or full amount of \$45) to:
**Camp Kanestatke, 2020 Cato Ave,
State College, PA 16801.**

Parental Release

I certify that I am the parent or guardian of the above named child. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper named above. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I understand that Camp Kanestatke does not carry medical or accidental insurance for the camper participants, and I hereby certify that my child, named above, is covered by a personal insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the above named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense. In signing this registration, I hereby certify that all information is correct and I give permission for the use of photographs, audio, and video footage including my child in camp publicity, for my child to be transported in camp operated vehicles for approved out-of-camp activities and for purposes of medical transport, and for the release of medical records in case of illness.