



**Office Use Only:**

For questions please call or email:

Rec \_\_\_\_\_ Camp \_\_\_\_\_ Dep \_\_\_\_\_

814.632.6024 /office@mycampk.com

Sch \_\_\_\_\_ Dis \_\_\_\_\_ Bal \_\_\_\_\_ Ent \_\_\_\_\_

## Teen Winter Retreat Camper Registration Form 2024

*Please print clearly*

### **Camper Personal Information**

Camper Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Age on 1/5/24) \_\_\_\_\_

Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**(Circle 1 Below)**

Parent/Guardian 1 Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

\*Email \_\_\_\_\_ **(Required)**

**(Circle 1 Below)**

Parent/Guardian 2 Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

Email \_\_\_\_\_

\*Emergency Contact Name \_\_\_\_\_

**(\*Emergency Contact must be different from Parent/Guardian 1 & 2)**

Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

Email \_\_\_\_\_ Relation to Camper \_\_\_\_\_

### **Camper Profile Information**

Church Name/Pastor Name \_\_\_\_\_

Church Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

First Time Camper Yes \_\_\_\_ No \_\_\_\_ Heard About From? \_\_\_\_\_

If parents are separated, who has legal custody? \_\_\_\_\_

Who will be picking up the camper at the end of the weekend? \_\_\_\_\_

**Signature Required Below**

I certify that I am the parent or guardian of the previously named child. In case of a medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper previously named. 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 hereby certify that my child, previously named, 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 previously named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense.

I give permission for the use of photographs, audio, and video footage including my child to be used in camp publicly. I give permission for my child to be transported in camp operated vehicles for approved out-of-camp activities, for purposes of medical transport, and for the release of medical records in case of illness. In signing this form, I hereby certify that all information is correct. (Circle 1 Below)

Signature of Custodial Parent/Guardian \_\_\_\_\_

Printed Name of Custodial Parent/Guardian \_\_\_\_\_

**Medical Information**

Is your camper in general good health and able to participate in all normal activities? Yes \_\_\_\_\_

\*No \_\_\_\_\_ (\*If no, please explain the limitations) \_\_\_\_\_

\*Detail medication taken regularly: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Specific allergies/treatment given: \_\_\_\_\_

Any pre-existing medical conditions? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ (REQUIRED)

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_ (REQUIRED)

**Special Dietary Needs & Allergies**

Those with a special dietary need should bring their own meal replacements that can be prepared in a microwave. Please email if you have questions about your camper's special dietary requirements.

**Over the Counter Meds** - Which meds do you approve of the Camp to administer if necessary?**Circle all that apply:** Advil          Benadryl          Tums          Tylenol          Ibuprofen  
Pepto Bismol          Melatonin          None of them

\*Please complete **Camp Medication Form** if your camper has prescription medication. The form is located on our website: <https://www.mycampk.com/register>. (Mail in the medical form with this registration form)



**Payment Options** (Please check the correct blanks below)

\$150 Total Registration Cost

\$ \_\_\_\_\_ Money for the Camp Store

**I am enclosing:**

**\$75 Deposit Fee** (\*Deposit applied to total camp fee and required in order to reserve spot in a specific camp week)

**Enclosed Check (payable to Camp Kanesatake)**

**Charge this amount to my credit card \$** \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ Print name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

## How Camper Registration Works at Camp K

**Step 1.**

- Register your child either online or via paper form.
- Make sure to complete the medical form if your camper has prescription meds.

**Step 2.**

- Pay the **minimum \$75 deposit or the full amount** in order to reserve a spot for the Teen Winter Retreat.

**Step 3.**

- Receive confirmation via email that your camper is registered for the Teen Winter Retreat
- **An email address is required for registration.**

**Step 4.**

- Three to four weeks prior from the retreat you will receive a reminder email with a packing list and other details which include check-in and check-out procedures.

## To Speed Up Friday Evening Check-In

**Prior to Check-In day:**

1. Put money in your camper's store account
2. Complete the medical form
3. Pay remaining registration balance

Teen Winter Retreat Registration Forms are due by **December 16, 2023** with deposit payment of \$75 to confirm registration spot. Forms can be mailed to Camp Kanesatake P.O. Box 11 Spruce Creek, PA 16683