



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 2025

January 3-5, 2025

Please print clearly

Camper Personal Information

Camper Name _____ Male ____ Female ____

Birth Date ____/____/____ (Age on 1/5/25) _____ 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 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 at the end of this form and 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)

___ \$160 Total Registration Cost

___ \$_____ Money for the Camp Store

I am enclosing:

___ **\$75 Deposit Fee** (*Deposit applied to total camp fee and required to reserve a 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** 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 before the retreat you will receive a reminder email with a packing list and other details, including 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 the remaining registration balance

Teen Winter Retreat Registration Forms are due by **December 16, 2024** with a deposit payment of \$75 to confirm registration spot.

Forms can be mailed to **Camp Kanesatake P.O. Box 11, Spruce Creek, PA 16683**