



Office Use:

PLEASE COMPLETE ALL SECTIONS BY PRINTING CLEARLY. A SEPARATE REGISTRATION FORM IS NEEDED FOR EACH STUDENT

DAY CAMP REGISTRATION FORM

STEP 1: CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Name _____ Birthdate _____ Age _____ Gender Female Male
 Church _____ School Name _____ Grade Completed _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone _____ *Household Email Address _____
 Parent / Guardian Name (PRINT) _____ Cell Phone _____

****Please register by June 15th****

**By entering an email address I agree to receive camp registration confirmation and information via email.*

STEP 2: CAMP WEEK & ELECTIVES

(by grade completed summer 2022)

Day Camp (Gr 1-5) : July 5 - 8, 2022

8am to 5pm each day (breakfast, lunch, & snack provided)

Closing program Friday at 4 - families are invited to attend

Your child will get 4 electives during the week for Day Camp. Choose 6 and number them 1-6 in order of preference in order to "vote" for electives. You will then sign up for scheduled electives on the first day of Day Camp. (first come, first served, all electives are not guaranteed)

Vote for Day Camp Electives

- | | |
|---|--|
| <input type="checkbox"/> Air Riflery | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Art | <input type="checkbox"/> Skits |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Fishing (bring own pole) | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Hiking | |

STEP 3: FINANCIAL INFORMATION

Day Camp \$25 + _____
 Released Time Coupon - _____
 Mailbox Club Coupon - _____
 Total Due \$ _____

Please mail coupons with registration

**FULL PAYMENT IS DUE FOR DAY CAMP UPON REGISTRATION
PLEASE MAKE CHECK / MONEY ORDER PAYABLE TO:**

CBM of SWPA

- I give permission for my child to attend Camp Cornerstone for the dates specified above.
- I give permission for Camp Cornerstone to use any photographs or video recordings of my child for promotion.
- I understand that my child may be transported off of Camp Cornerstone property for camp activities that are noted in the camp brochure or confirmation letter/ email for the appropriate camp week.
- Dietary Restrictions / Needs _____

Parent / Guardian Signature _____ **Date** _____

Please mail or hand deliver the completed Registration Form, Medical Release Form, and payment to:

CBM of SWPA, 381 Willis Rd, Jefferson, PA 15344

If you have questions, please call 724-966-9157; or email campreg@cbmswpa.org

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Payments:

Date _____ C/Ck # _____ ; Amt _____

Payee (if other than parent) _____

Pd in Full Initials _____ Date _____



CBM of SWPA MEDICAL RELEASE FORM

NO camper will be allowed at camp without a SIGNED Release Form

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TO BE COMPLETED BY THE LEGAL PARENT OR GUARDIAN (PLEASE PRINT)

Camper's Name _____ Age _____ DOB _____ Weight _____

If the child has had any recent medical problems or illnesses we strongly recommend a physician's examination. Physician's medical report, including recommended restrictions, diet, or medicine should accompany this form.

Parent or Guardian _____ Phone # _____ Cell # _____
 Address _____ City/State _____ Zip _____
 Family Physician _____ Physician Phone # _____
 Family Dentist _____ Dentist Phone # _____
 Health Insurance _____ Health Ins ID # _____

In case the Parent or Guardian CANNOT be reached in an emergency, please notify:

Name: _____ Relation: _____ Home Ph # _____ Cell Ph # _____

HEALTH HISTORY

<i>Check each item</i>	YES	NO	<i>Check each item</i>	YES	NO	<i>Check each item</i>	YES	NO
Sinus Trouble	_____	_____	Seizures	_____	_____	Immunizations	_____	_____
Hay Fever	_____	_____	Mononucleosis	_____	_____	Disabilities/Injuries	_____	_____
Headaches	_____	_____	Hypertension	_____	_____	Operations	_____	_____
Ear Trouble	_____	_____	Bleeding Disorder	_____	_____	Dietary Restrictions	_____	_____
Tonsillitis	_____	_____	Sleepwalking	_____	_____	Food Allergies	_____	_____
Hepatitis	_____	_____	Hernia	_____	_____	Med Allergies	_____	_____
Skin Trouble	_____	_____	Asthma/Lung	_____	_____	Allergy-Insect bites	_____	_____
Heart Trouble	_____	_____	Athlete's feet	_____	_____	Allergy-Poison Ivy	_____	_____
Diabetes	_____	_____	Bed Wetting	_____	_____	Other Allergies	_____	_____

Please explain any YES answers and include treatment, if any: _____

CURRENTLY ON MEDICATIONS? ___ Yes ___ No Medication being brought to camp? ___ Yes ___ No
 (Medications must be in pharmacy container.)

List Meds and give dosage instructions:

Med _____ Dosage: _____
 Med _____ Dosage: _____
 Med _____ Dosage: _____

INDICATE IF PERMISSION IS GRANTED TO ADMINISTER THE FOLLOWING:

<i>Check each item</i>	YES	NO	<i>Check each item</i>	YES	NO	DOSAGE
Sunscreen	_____	_____	Tylenol	_____	_____	_____
Insect Repellant	_____	_____	Motrin	_____	_____	_____
Antibiotic Ointment	_____	_____	Benadryl	_____	_____	_____
Tums	_____	_____				

Does the camper have any activity restrictions? ___ Yes ___ No (If Yes, note on Page 2)

Please read the RELEASE FORM on the back side and sign and date the form.
(Registration will not be accepted without this information.)

