

FOR OFFICE USE

FOR OFFICE USE ONLY

Postmark Date ____ / ____ / ____ Lodging Assignment _____ Payment Record: \$ _____ Cash \$ _____ Pers. Ck. # _____ Balance Due \$ _____ \$ _____ Cashier's Ck. # _____ (if applicable) \$ _____ Church Ck. # _____ \$ _____ Money Order # _____	Reg. Form Signatures: Camper _____ Parent/Guardian _____ Pastor _____ Med. Form Signature: Parent/Guardian _____	Miscellaneous Notes:
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PA DISTRICT, U.P.C.I. JR. CAMP REGISTRATION FORM July 14-19, 2018

A separate Registration Form and Medical Emergency Form must be completed for each applicant.

JR. CAMP AGES:

Children 6-12 years of age (Note: 6 year olds may register in Jr. Camp or Family Camp, if your 6yr old is not able to groom or dress themselves they will be required to stay in their parents/guardians cabin every night and can report back to their assigned counselor in the morning for daily activities, and 12 year olds may register in Jr. Camp or Sr. Camp. If you choose to register your child in Family Camp or Sr. Camp, you will need to obtain the appropriate Registration Form - **DO NOT** use this form.)

BED ASSIGNMENT:

All Jr. Campers will be assigned a bed in the designated Jr. Camp cabins/dorms only. The only exceptions that will be made are for medical conditions or disabilities that require a child to have parental/guardian assistance.

JR. CAMPER'S PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____ / ____ / ____ Age ____

Street Address _____ Phone # () _____ - _____

City _____ State _____ Zip Code _____

PARENT OR GUARDIAN INFORMATION (please print):

Mr./Mrs./Ms. _____ Email _____@_____._____

Home Phone # () _____ - _____ Mobile Phone # () _____ - _____

U.P.C.I. PASTOR'S INFORMATION (please print):

Note: If you do not attend a United Pentecostal Church, you must obtain the signature of the U.P.C.I. Sectional Presbyterian where you reside.

Name _____ Home Phone # () _____ - _____

Church Location City _____, State _____

CHECK-IN/CHECK-OUT:

Check-in begins Sunday, July 14, 2019 at 12 noon (not before). Check-out is Friday, July 19, 2019 by **4:00 pm.**

RATES AND LENGTH OF STAY (choose one):

I will attend Jr. Camp the entire week (Sunday night - Thursday night).

Cost if all forms and full payment are postmarked on or before June 15th - **\$160.00***

Cost if all forms and full payment are postmarked between June 16th and July 1st - **\$175.00***

**Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.

I will attend Jr. Camp the following night(s): Sun. Mon. Tues. Wed. Thurs.

Cost if all forms and full payment are postmarked on or before June 15th - **\$32.00/night***

Cost if all forms and full payment are postmarked between June 16th and July 1st - **\$35.00/night***

**Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.

MAILING INSTRUCTIONS:

Mail your Registration Form, Medical Emergency Form, and payment in full to: Talina Lutz
607 E. Walnut St.
Lewistown, PA. 17044

NO PERSONAL CHECKS will be accepted this year - ***church checks, cashier's checks, and money orders ONLY*** (made payable to "PA District Camp"). Cash will be accepted if you pay at the registrar's office on the campgrounds.

DO NOT MAIL CASH.

Lodging will not be assigned until payment is made in full. Please do not mail any forms or money after July 1, 2019. After July 1st you will need to bring all forms and payment to the camp registration office and you will need to pay the late registration price as shown above under "RATES AND LENGTH OF STAY."

If you have any questions or concerns, call Talina Lutz, Camp Registrar, at **(570)578-9986**. Please **DO NOT** make Special Request via Social Media.

SIGNATURES:

Signature of Jr. Camper

"I have read and will abide by the camp rules and dress code. I will be obedient and cooperative at all times and I understand that if I violate the rules, the signing pastor will be contacted. I also understand that violations of campground policies may lead to an early dismissal from the campgrounds without a refund."

Camper _____ Date ____/____/____

Signature of Parent/Guardian

"I have advised my child of all camp rules and his/her obligation to abide by them. I understand that if he/she violates the campground policies, he/she may be dismissed from the campgrounds without a refund."

Parent/Guardian _____ Date ____/____/____

Signature of your U.P.C.I. Pastor (or Sectional Presbyter, if you do not attend a U.P.C.I. church)

"I understand that if the applicant violates the campground policies, it will be brought to my attention and the applicant may be dismissed from the campgrounds without a refund."

U.P.C.I. Pastor _____ Date ____/____/____

MISCELLANEOUS INFORMATION:

Use this area to inform us of any special requests (another camper you would like to room with, being near a rest room, or any other special concern you may have). We cannot guarantee that your needs/wishes will be met, but we will make every effort to accommodate you to the best of our ability.

PA DISTRICT CAMP, U.P.C.I. MEDICAL EMERGENCY FORM

A separate Medical Emergency Form must be completed for each applicant. This form should be submitted with your Registration Form.

CAMPER IS REGISTERED WITH: Jr. Camp Sr. Camp Hyphen Camp Family Camp

CAMPER'S PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____ / ____ / ____ Age ____
Street Address _____ City _____ State ____ Zip Code ____
Home Phone # (_____) _____ - _____ Mobile Phone # (_____) _____ - _____

EMERGENCY CONTACTS (please print):

Name _____ Relationship to Camper _____ Phone # (_____) _____ - _____
Name _____ Relationship to Camper _____ Phone # (_____) _____ - _____

CAMPER'S PHYSICIAN/DENTIST INFORMATION (please print):

Family Physician _____ Phone # (_____) _____ - _____
Family Dentist _____ Phone # (_____) _____ - _____

CAMPER'S INSURANCE INFORMATION (please print):

Do you have hospitalization insurance coverage? Yes No If you answered yes, please list your insurance company's name and policy number: _____

CAMPER'S HEALTH INFORMATION (please print):

Do you have any medication allergies, other allergies, medical conditions, or disabilities that require special attention?
Yes No If you answered yes, please explain: _____

SIGNATURES:

Camper's Signature (if you are 18 years of age or older):

"I authorize a camp nurse or staff member to make emergency medical care decisions on my behalf, including medical attention at a medical facility, if I am incapable of making an informed decision myself due to injury or illness."

Camper _____ Date ____ / ____ / ____

Parent/Guardian Signature (for newborns through 17 years of age):

"I authorize the providing of medical services in the event my child becomes ill or injured. I also authorize medical attention at a medical facility if deemed necessary by a camp nurse or staff member."

Name of Parent/Guardian (please print) _____

Home Phone # (_____) _____ - _____ Mobile Phone # (_____) _____ - _____

Signature of Parent/Guardian _____ Date ____ / ____ / ____

LIST MEDICATIONS ON THE NEXT PAGE FOR:

All Jr. Campers (6-12 years of age)
All Sr. Campers (12-17 years of age)
All Hyphen Campers (high school graduates through 17 years of age)

THE FOLLOWING CAMPERS MUST TURN IN ALL MEDICATIONS AT REGISTRATION AND THE CAMP NURSE WILL ADMINISTER THEM AS NEEDED:

Jr. Campers (6-12 years of age) • Sr. Campers (12-17 years of age only) • Hyphen Campers (high school graduates through 17 years of age only)

LIST ALL MEDICATIONS, DOSAGES, AND TIMES MEDICINE SHOULD BE ADMINISTERED

NAME OF CAMPER TAKING THESE MEDICATIONS (please print): _____

Name of Medication	Dosage and Times To Be Taken	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		Time Admin- istered	Nurse's Initials	Time Admin- istered	Nurse's Initials	Time Admin- istered	Nurse's Initials	Time Admin- istered	Nurse's Initials	Time Admin- istered	Nurse's Initials	Time Admin- istered	Nurse's Initials
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