

CAMP CARMEL - 2008

The cost per week is **\$170** (Mini Weekend is \$30) and the deadline to register is **May 31st** and a **NON-REFUNDABLE** deposit of **\$30** must be sent with your registration form. Registrations received after this date will go to a waiting list; space is limited, so get your registration in early! The **ENTIRE** registration fee must be paid no later than **June 20th**. One half of the camper fee is refundable up to 2 weeks before camp opens. If less than 2 weeks before camp, **NO REFUNDS**. Please note if a church is paying for a portion of the registration, it is the parent/guardian's responsibility to ensure payment is made.

Send Form to:
Clint Iams
8 Ridge Church Road
Amity, PA 15311
724-986-0993

Name:	Birthdate:	Male: _____ Female: _____
Mailing Address:	Grade Entering in Fall:	One Room Mate Preference:
City:	State:	Zip:
Home Phone:	Cell Phone:	
Parent's Names:	Email Address:	
Church:	Pastor:	
Circle Week of Camp:	Senior High I - June 22 – 28	Junior High I - June 29 – July 5
Mini Weekend - July 12 – 13	Senior High II - July 13 – 19	Junior High II - July 20 – 26
		Junior I - July 6 – 12 Junior II - July 27 – August 2
Payment Information:	Check: _____	Amount: _____ Church to pay portion: Yes / No

Emergency and Insurance Information - To be filled out by Parent or Guardian

In case of emergency, and parent cannot be reached, please notify the following person:	Relationship:	Phone:
Family Physician (Name and City/State):	Phone:	
Allergies: Indicate how severe, medication and dosage. Give information to director upon arrival.		
Bee Sting:	Penicillin:	Posion Ivy:
		Other:
Date of last Tetanus Shot:	What does the camper take for pain:	Special Dietary Issues:
Camper is in good physical condition, free from any contagious diseases, and capable of participation in the camp program except:		
With the understanding that the adult leaders of Camp Carmel have taken every reasonable precaution in preparing and planning every activity to ensure the safety of the above registered camper, I hereby release all of the leaders and the camp from liability due to any accident which may occur on or off Camp Carmel's property. IN CASE OF MEDICAL EMERGENCY, I hereby give my permission to the physician, elected by the Camp Carmel staff, to authorize proper treatment for, and order injections, anesthesia, or surgery for my child, as named herein. Furthermore, the information on this form is both true and correct to the best of my knowledge.		
SIGNATURE OF PARENT OR GUARDIAN:		Date:
Medical Insurance Company:	Policy:	

If there is any change in the above information between the date this form is signed and the date camper arrives at Camp, notify Camp staff upon arrival.