

CHRISTIAN RETREAT CENTER REGISTRATION FORM 2019

369 CRC Drive, East Waterford PA, 17021 | 717-734-3627 | office@crctims.org

Please print clearly.

A non-refundable deposit of \$50 is due with your registration. Must be paid in full by May 29. Payment received after May 29 may be subject to a \$25 late fee. A confirmation letter will be mailed to your address when the completed registration form and non-refundable \$50 is received in the camp office.

CHOOSE YOUR CAMP! Discovery Camp Group 1: (June 21-23) || Discovery Camp Group 2: (June 24-26)
Pioneer Camp: 8&9 (June 21-26) || 10&11 (June 28- July 3) || 12&13 (July 5-10)
Teen Camp (July 12-17) || Horse 1 Camp: 9-11 (June 28-July 3) || Horse 2 Camp: 12-16 (July 5-10)

FINANCIAL: CRC has tier pricing for our Pioneer and Teen Camps. You have the option of selecting the price that best fits in your family budget with no questions asked. CRC asks that you pay what can be afforded to help adequately meet the cost of camp. Tier one reflects what it actually costs per child for a week of camp. Tiers two through four are discounted amounts which can be selected depending on what finances allow. Please mark your price. All campers receive the same quality of camp regardless of the price paid.

Tier 1: \$300 | Tier 2: \$265 | Tier 3: \$230 | Tier 4: \$200 | Discovery Camp: \$110 | Horse Camps: \$350
** Camp Sponsorships are still available upon request. Contact the office for more information. If you received financial support last year that does not mean you automatically receive support this year. All requests must be made annually to the camp office. Please note that Discovery Camp and the Horse Camps only have one price point.

CAMPER INFORMATION:

_____ Male Female ____/____/____

Camper Name Date of Birth Age

Mailing Address City State Zip

Cabin Mate Requests (Please, only two requests)

Parent/Guardian Name 1 (_____) Phone: Home Cell Work Email

Parent/Guardian Name 2 (_____) Phone: Home Cell Work Email

Alternate Contact Name Alternate Contact Phone Relation to Camper

Church Name/Pastor Name Church Official's Signature (Only if Church is paying part of the cost) Amount the church is paying

Signature

The undersigned does hereby release, discharge, indemnify, and hold harmless Christian Retreat Center and The Allegheny and Susquehanna Conferences of the Brethren in Christ Church and all of their parent and affiliated organizations and all of their officers, agents, contractors, directors, members, participants and employees from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my participation in, and attendance at, Christian Retreat Center and/or related facilities, including all claims or demands for death or injury to me, or any damage to, or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise. This waiver, Release and Indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate at Christian Retreat Center. In signing this form, I hereby certify that all information is correct and I give permission for the use of photographs, audio, and video footage including my child in camp publicly, for my child to be transported in a camp operated vehicles for approved out-of-camp activities and for purpose of medical transport, and for the release of medical records in case of illness.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

CHRISTIAN RETREAT CENTER MEDICAL FORM 2019

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Camper Name

Camp Attending

In order that we may provide the best health care for your child during camp, please list all medications your child is currently taking and mail back to the camp office with your registration form. Even if your child does not regularly take any medications, this form still needs to be signed and mailed to CRC. It is generally our practice to call a parent when a major medical issues arises or one that requires more than one visit to the Nurse's Station (e.g. injuries requiring more than simple first aid, or for headache, sore throat, etc. that does not respond to treatment.)

***All medications must be turned into the Nurse on the first day of camp and must be in the original packaging/container.**

Is your camper in general good health & able to participate in all normal camp activities?

Yes No (If no, please submit a statement of limitations)

Prescription Medications

Name of Medication:

How often taken:

Reason for use:

1: _____

2: _____

3: _____

Non-Prescription Medications

Vitamins, food supplements, etc.

Name of Medication:

How often taken:

Reason for use:

1: _____

2: _____

3: _____

Dietary Needs

Reason for Dietary Needs

Specific Allergies/Treatment Given

Date of last tetanus shot

Preexisting Medical Condition

Primary Care Physician _____ (____) _____
Phone

Insurance Company

Policy No.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date