

CHRISTIAN RETREAT CENTER REGISTRATION FORM 2022

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

Please print clearly. One registration form per camper.

A non-refundable deposit of \$50 is due with your registration. Must be paid in full by May 27. Payment received after May 27 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. Pay in full by April 15 and take \$15 off the cost of camp.

Choose your camp. For Pioneer Camps please check which tier you'll be paying.

Camp	Price	Date	Check Camp
Discovery Camp Group 1	\$115.00	June 19-21	
Discovery Camp Group 2	\$115.00	June 22-24	
Pioneer Camp – 8&9	See Tiers	June 19-24	
CRC Day Camp	\$175.00	June 20-24	
Pioneer Camp – 10&11	See Tiers	June 26- July 1	
Horse Camp 1	\$365	June 26 – July 1	
Pioneer Camp 12&13	See Tiers	July 3-8	
Horse Camp 2	\$365	July 3-8	
Teen Camp (14-17)	See Tiers	July 10-15	
Camp on the Go	\$95	July 11-15	

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 and three are discounted amounts which can be selected depending on what finances allow. All campers receive the same quality of camp regardless of the price paid. Please mark an X in the appropriate box.

Tier 1: \$305.00	Tier 2: \$270.00	Tier 3: \$235.00
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** 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, Day Camp, Camp on the Go, and Horse Camps only have one price point.

Medical Information Continued:

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

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Phone

Insurance Company

Policy No.

How do you prefer your confirmation letter? Email: ____ || Mail: ____

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
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