### **CHRISTIAN RETREAT CENTER REGISTRATION FORM 2023**

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. Full payment is expected two weeks before the start of camp. Registrations close two weeks before the start of each camp. 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	\$120.00	July 2-4	
Discovery Camp Group 2	\$120.00	July 5-7	
Pioneer Camp – 8&9	See Tiers	July 2-7	
CRC Day Camp	\$180.00	July 3-7	
Pioneer Camp – 10&11	See Tiers	July 9-14	
Horse Camp 1	\$370	July 9-14	
Pioneer Camp 12&13	See Tiers	July 16-21	
Horse Camp 2	\$370	July 16-21	
Teen Camp (14-17)	See Tiers	July 23-28	
Camp on the Go	\$95	July 24-28	

**Financial:** <u>CRC has tier pricing for our Pioneer and Teen Camps.</u> 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: \$325.00	Tier 2: \$295.00	Tier 3: \$260.00

<sup>\*\*</sup> 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.

<sup>\*\*</sup>Please note that Discovery Camp, Day Camp, Camp on the Go, and Horse Camps only have one price point.

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**Camper Information:** 

## Biological Birth Sex: Male: \_\_\_\_// Female: \_\_\_\_/ Date of Birth Camper Name Mailing Address City State Zip Cabin Mate Requests (Please, only two requests. CRC will do our best to honor requests but cannot guarantee requests will be met) Parent/Guardian Name 1 Email Parent/Guardian Name 2 Email Alternate Contact Phone Alternate Contact Name 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 **Medical Information** In order that CRC 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 a camper 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:

### **Medical Information Continued:**

# **Non-Prescription Medications** Vitamins, food supplements, etc. Name of Medication: How often taken: Reason for use: Dietary Needs Reason for Dietary Needs Specific Allergies/Treatment Given Date of last tetanus shot **Preexisting Medical Condition** Primary Care Physician Phone Policy No. **Insurance Company** How do you prefer your confirmation letter? Mail: || Email: (If not received by email, please check spam boxes for email) 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