



Office Use Only:

For questions please call or email:

Rec _____ Camp _____ Dep _____

814.632.6024

Sch _____ Dis _____ Bal _____ Ent _____

office@mycampk.com

Registration Form 2020

Parents, please print clearly.

Camper Personal Information

Camper Name _____ Male _____ Female _____

Birth Date ____/____/____ (Age on 6/1/20) _____

Grade Entering in Fall 2020 _____

Mailing Address _____

State _____ Zipcode _____ Home Phone (____) _____

Parent/Guardian 1 Name _____

Phone (____) _____ Cell ____ Work ____

Email _____ (confirmation and info will be emailed to this address)

Parent/Guardian 2 Name _____

Phone (____) _____ Cell ____ Work ____

Email _____

Emergency Contact Name _____

Emergency Contact Phone (____) _____ Relation to Camper _____

Camper Profile Information

Church Name/Pastor Name _____

Church Mailing Address _____

City _____ State _____ Zip code _____

Returning Camper Yes ____ No ____ /Heard About Camp

From? _____

T Shirt Size: Youth Medium ____ Adult Small ____ Adult Medium ____

Adult Large ____ Adult XL ____

If parents are separated, who has legal custody? _____



Who will be picking up the camper at the end of the week? _____

Signature

I certify that I am the parent or guardian of the previously named child. In case of a medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper previously named. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I hereby certify that my child, previously named, is covered by a personal insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the previously named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense.

I give permission for the use of photographs, audio, and video footage including my child to be used in camp publicly. I give permission for my child to be transported in camp operated vehicles for approved out-of-camp activities, for purposes of medical transport, and for the release of medical records in case of illness.

In signing this form, I hereby certify that all information is correct.

Signature of Custodial Parent/Guardian _____

Printed Name of Custodial Parent/Guardian _____

Medical Information

(Please complete Camp Medication Form if your camper has prescription medication. The form is located on our website:

<https://www.mycampk.com/register>

Bring completed form to Sunday Registration.)

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

Yes_____ No_____ (If no, please explain the limitations) _____

Medication taken regularly: _____

Reason for medication: _____

Specific Allergies/Treatment Given: _____

Any pre-existing medical conditions? _____

Date of last Tetanus shot: ____/____/____

Insurance Company: _____ Policy No. _____

Special Dietary Needs: Those with special dietary needs should bring their own necessary supplements that can be prepared in a microwave. Please call if you have questions about your camper's special dietary requirements.



Which over the counter medicine do you approve the
Camp to administer if necessary? Please check mark: ☐ None of them

☐ Advil ☐ Benadryl ☐ Tums ☐ Tylenol

Choose Your Camp! Write your first choice in the blank below. If your requested week is full, you will be notified via email. _____

Cabin Mate Request (one choice) _____

| Camp Week | Early Bird Price | Price after Early Bird | Dates | Speaker |
|----------------------|------------------|------------------------|------------|-----------------|
| Girls Adventure Camp | \$380 | \$400 | July 26-31 | TBD |
| Guys Adventure Camp | \$380 | \$400 | July 26-31 | TBD |
| Mini Camp | \$110 | \$130 | July 12-14 | Joshua Hummel |
| Junior Camp 1 | \$270 | \$290 | July 12-17 | Joshua Hummel |
| Junior Camp 2 | \$270 | \$290 | July 19-24 | Bobby Kern |
| Junior Camp 3 | \$270 | \$290 | August 2-7 | Forrest Chapman |
| Teen Camp 1 | \$280 | \$300 | July 5-10 | Jared Bowling |
| Teen Camp 2 | \$280 | \$300 | July 26-31 | Greg Shipe |
| CIT | \$580 | \$600 | July 5-17 | Seth Hoffman |

Payment Options (Please check mark in the correct blanks.)

___ \$20 Early-Bird Discount (postmarked by April 1st, deduct \$20 from total camp fee)

___ \$10 Digital Photo Album (emailed to you after the camp week)

___ \$5 Care Package (an assortment of snacks & a drink delivered to your camper midweek.

You can write a handwritten note at registration to be delivered with the care package.)

___ \$_____ Money for Camp Store

I am enclosing:

___ \$75 Registration Fee (fee included in total price, must pay \$75 in order to reserve a spot in the desired camp week)

___ Total Camp Fee \$_____

___ **Charge this Amount to my credit card \$_____**

___ Enclosed Check (payable to **Camp Kanesatake**)



Card Number:

_____ CVV: _____

Exp. Date ____/____ Print name as it appears on the card: _____

Signature: _____ (check card type) ____ Visa ____ MasterCard ____ Discover

How Registration Goes at Camp K

- Step 1.** Register your child either online or via paper form.
Make sure to complete the medical form if your child has prescription meds.
- Step 2.** Pay either the \$75 deposit or the full amount in order to reserve them a spot in the week of camp.
- Step 3.** Receive confirmation via email that your camper is registered for the desired week.
- Step 4** 3-4 weeks out from camp you will receive a reminder email with a packing list and other details.

To Speed Up Sunday Check-In

1. Put money in their store account online.
2. Purchase a Digital Photo Album and/or care package online.
3. Complete the medical form online.