

**2024 CAMP CALVARY REGISTRATION FORM** (please print clearly & complete all fields)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (in Sept.): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female   
First time at Camp Calvary  Church attending with: \_\_\_\_\_ Pastor: \_\_\_\_\_  
My choice to room with: (one request & each must request each other) \_\_\_\_\_

**Check Camp Attending:**

- C3IT (June 10-12) – Sr. High Teens \$140       Junior #1 (June 17-21) \$375       **Jr. High #1 (June 24-28) \$375**
- Sr. High #1 (July 15-19) \$375**       **Junior #2 (July 8-12) \$375**       Jr. High #2 (July 22-26) \$375
- Sr. High #2 (July 29 – Aug. 2) \$375       Jr. High #3 (August 5-9) \$375       Junior #3 (August 12-16) \$375
- Family #1 (June 21-23)       Family #2 (July 12-14)       Family #3 (August 9-11)

**OFFICE USE ONLY**

Amt: \$ \_\_\_\_\_ CK / MO  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ PROS: \_\_\_\_\_  
Camp Cost: \_\_\_\_\_  
Deposit Fee: -\$50 (non-refundable)  
Balance Due: \_\_\_\_\_

**Camper Agreement:**

I have carefully read the general information list, and I agree to cooperate and comply in all these areas. I understand that violation in any of these areas may result in my dismissal from camp.

Camper's Signature: \_\_\_\_\_

**MEDICAL AUTHORIZATION FORM: (In Case of Emergency Contact) MUST BE FILLED OUT**

Name (Parent/Guardian) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
(Required)

Special Medication (be specific) \_\_\_\_\_

Allergic Reactions:  Bee Stings  Epi Pen is Required  Penicillin  Other: \_\_\_\_\_

Does your child have respiratory problems? \_\_\_\_\_ *If an inhaler is needed: send 2 per week of camp.*

Does your child have heart problems? \_\_\_\_\_ Tetanus Shot up to date?  Yes  No

Additional Medical Info: \_\_\_\_\_

I give permission for my child to take:  Tylenol  Ibuprofen  Benadryl

Doctor's Name: \_\_\_\_\_ Doctor's Number: (\_\_\_\_) \_\_\_\_\_

If there are any other medical problems, please explain and send with this form. In case of a medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child named above.

**Note: All claims must be submitted to personal insurance company first.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**BOATING CONSENT, RELEASE, IDENTIFICATION MUST BE FILLED OUT**

**To Whom It May Concern:**

I/We give my/our permission for my/our child \_\_\_\_\_, to attend Camp Calvary and participate in activities including, but not limited to, Aquatics and Boating during my child's stay at Camp Calvary ("Camp Activities")

I/we do hereby release and forever discharge Camp Calvary, Calvary Baptist Church of Lansdale, PA and their Directors, Employees, Agents, Servants & any camp activity and/or travel organizers, (collectively "Releasees") from any and all liability, claims or demands for personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever (collectively "Loss") which arise out of or are related to the above-described Camp Activities.

I/we agree to indemnify and hold harmless the Releasees from any liability for the Loss incurred by Releasees:

- (1) As the result of injuries to the Child; or (2) due to acts of the Child; occurring during the aforementioned Camp Activities.
- Furthermore, I/we on behalf of Child assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreational work or activities involving the Camp Activities. Further, authorization and permission is given to said Camp Activities and travel organizers to furnish transportation, food and lodging for the child.
- I/we am/are the parent(s) or legal guardian of the child and hereby grant my/our child permission for him/her to participate fully in said event and hereby give my/our permission to take said child to a doctor or hospital and hereby authorize medical treatment including, but not limited to, emergency, surgical or medical treatment and assume the responsibility of all medical bills, if any.
- Furthermore, should it become necessary for the child to return home due to medical reasons, disciplinary action or otherwise, I/we hereby assume the responsibility for all transportation costs.

Parent/Guardian Signature that you have read the above. \_\_\_\_\_