

## 2020 Summer Camp Registration Form

Parents- please fill out COMPLETELY, PRINT legibly, and use a blue or black pen.  
Mail to: Park Springs Christian Camp & Retreat Center 600 Park Springs Lake Rd Providence NC, 27315



### Camper Information:

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Boy/Girl  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home  
 Phone: \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade 2019-2020: \_\_\_\_  
 Has the camper been baptized by immersion? \_\_\_ Yes \_\_\_ No  
 Member/Attends what church? \_\_\_\_\_

### Information on who the camper RESIDES with:

Mother's/Female's First & Last Name: \_\_\_\_\_  
 Relationship to camper: \_\_\_ Mother \_\_\_ Grandmother \_\_\_ Stepmother \_\_\_ Legal Guardian  
 Emergency Phone Number(s) \_\_\_\_\_  
 Father's/Male's First & Last Name: \_\_\_\_\_  
 Relationship to Camper: \_\_\_ Father \_\_\_ Grandfather \_\_\_ Stepfather \_\_\_ Legal Guardian  
 Emergency Phone Number(s): \_\_\_\_\_  
 Parents are: \_\_\_ Married \_\_\_ Divorce \_\_\_ Separated \_\_\_ Single \_\_\_ Widowed  
 Additional alternate emergency phone number: \_\_\_\_\_  
 For whom?: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name of Adult Buddy Camp Attendee: \_\_\_\_\_  
 Email address for a parent/guardian only please: \_\_\_\_\_  
 \_\_\_\_\_  
 If an email address is provided, your confirmation will be emailed. IF you wish to have your confirmation sent by postal mail, PLEASE CHECK HERE \_\_\_\_\_

### CAMP SESSIONS & FEES (PLEASE CIRCLE SESSION CHOICE)

Camp Session	Grade Completed	Date	Cost Before April 30	Cost After April 30	
Middle School 1	6-8	June 21-26	\$250	\$300	
Middle School 2	6-8	June 28 – July 3	\$250	\$300	
Junior	4-5	July 5-10	\$250	\$300	
Short Timers	2-3	July 12-14	\$125	\$150	
Buddy Camp	K-1	July 17-18	\$100	\$125	
High School	9-12	July 19-24	\$250	\$300	

### T-SHIRT SIZE

Please circle T-Shirt size  
T-Shirts are free to all campers who register before April 30.

Youth: Sm Med Lg  
Adult: Sm Med Lg XL XXL

### CHURCH SCHOLARSHIP

Only actively supporting member churches are eligible to be billed for scholarships. All other churches must submit scholarship payments with the camper's registration.

This section MUST BE COMPLETED with an authorized signature. Otherwise the camper's parents WILL BE BILLED for the FULL balance.

Amount of Scholarship: \$ \_\_\_\_\_

Church: \_\_\_\_\_

City: \_\_\_\_\_

\* the city of the church is important especially if a 1st Christian Church.

Printed name of authorized church representative: \_\_\_\_\_

My signature below indicates that I am authorized by the church above to guarantee payment of this scholarship, and authorizes Park Springs to credit the camper for the scholarship amount listed above and bill that amount to the church.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CAMP FEES DUE

Camp Session Fee \$ \_\_\_\_\_

#### EXTRA ITEMS

Canteen Card (\$10 per card) \_\_\_\_\_

Mission Card (Any amount) \_\_\_\_\_

T-Shirt (\$12 After April 30) \_\_\_\_\_

Extra Items Total \_\_\_\_\_

Church Scholarship - \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

AMOUNT PAID NOW (MINIMUM OF \$30)

### PAYMENT INFORMATION

Please make checks payable to:

Park Springs Christian Camp

For MC/Visa credit card, please complete:

Amount to be charged: \$ \_\_\_\_\_

CC#: \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec Code \_\_\_\_\_

Signature: \_\_\_\_\_

# HEALTH INFORMATION FORM AND RELEASE

The following information must be filled out COMPLETELY and signed by a parent.

Health Record for (Camper's Name) \_\_\_\_\_ Age \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

By my signature below, 1) I attest that all information checked and described on this form is true and complete to the best of my knowledge. 2) I hereby give my permission for my child to participate in all camp activities, except those limited by my description above. 3) I release the camp from any responsibility other than normal supervision and care. 4) In the case of an accident I will not hold Piedmont Christian Assembly, its staff, faculty, volunteers, or officers liable. 5) In case of an emergency, I give my permission for the camp to seek medical care for my child. 6) I understand that medical bills incurred will be billed to my insurance provider. 7) I understand that Piedmont Christian Assembly is not responsible for articles lost, damaged, stolen or left at the camp. 8) By registering my child for camp, I realize that my child will be required to follow the camp's rules and policies. 9) My child's photograph may be used in publications and promotional materials.

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE                      Printed PARENT/GUARDIAN Name

Health Insurance Information – Insurance Company Name \_\_\_\_\_

Group Number \_\_\_\_\_ Insured's Number \_\_\_\_\_

Insured's Name \_\_\_\_\_

Medications Permitted - These medications are stocked at Park Springs for use in managing common illness or injury and dispensed by the camp's nurse. Some meds are listed as common brand names, though generic may be substituted.

Acetaminophen	Pepto-Bismol/Kaopectate	Cough/Throat Drops
Ibuprophen	Tums/Roloids	Aloe Gel
Benedryl	Antibiotic Ointment	Other Sun Burn Ointment

Initial One \_\_\_\_\_ It is okay to give any of the meds to this camper  
 \_\_\_\_\_ Do NOT give these meds from the above list \_\_\_\_\_

Immunization Record:	Been vaccinated for or had the chicken pox?	Yes	No
	Been Vaccinated for Hepatitis B?	Yes	No
	Are other immunizations up to date?	Yes	No
	Date of last tetanus booster?	_____	

Optional: Any recent life changes that we should be aware of? (death in the family, divorce, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Is it signed?** Your registration can not be processed without a Parent/Guardian signature above.

Allergies: Please list any food, insect or other allergies and describe the reaction and management of the reaction. Please list all allergies that cause severe stomach or behavior problems, rashes, hives or breathing problems.

Allergy \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction/Management \_\_\_\_\_

\*\*\*If your child has severe food allergies, please contact us at [office@parksprings.org](mailto:office@parksprings.org) to provide more specific information.

**Medications:** Please list ALL medications (over-the-counter, herbal, or prescription) taken routinely. Bring enough to last the entire time at camp. You MUST keep medication in the original packaging bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency or it will not be accepted. All meds must be given to the nurse.

This camper currently takes no medications regularly.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taking for? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taking for? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taking for? \_\_\_\_\_

Medical conditions or history to be aware of and please describe:

\*\* Nothing checked indicates the camper has no medical conditions & is capable of full participation.

Heart Disease \_\_\_\_\_

ADD/ADHD \_\_\_\_\_

Asthma or TB \_\_\_\_\_

Epilepsy \_\_\_\_\_

Active Infections \_\_\_\_\_

Hepatitis \_\_\_\_\_

Clotting Disorder \_\_\_\_\_

Seizures \_\_\_\_\_

Diabetes \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_