

2021 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 2020-2021: ____
 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 for Session	
Middle School	6-8	June 27 - July 2		\$325	
Junior	4-5	July 4-9		\$325	
Short Timers	2-3	July 11-13		\$175	
Buddy Camp	K-1	July 16-17		\$150	
High School	9-12	July 18-23		\$325	

T-SHIRT SIZE	CAMP FEES DUE
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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	Camp Session Fee \$ _____ EXTRA ITEMS Canteen Card (\$10 per card) _____ Mission Card (Any amount) _____ Extra Items Total _____ Church Scholarship - _____ TOTAL AMOUNT DUE \$ _____ AMOUNT PAID NOW (MINIMUM OF \$30)
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CHURCH SCHOLARSHIP	PAYMENT INFORMATION
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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: _____	Amount to be charged: \$ _____ CC#: _____ Exp Date: ____/____/____ Sec Code _____ Signature: _____
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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 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 _____
