

# Sylvan Hills Christian Service Camp

Please PRINT all Information clearly.

Name \_\_\_\_\_  Male  Female

Grade next fall \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EACH PARENT'S NAME	WORK # with Extension	CELL #

Also list a different emergency name and number in case you cannot be reached.

Name:	Relationship to camper:
Home #	Cell #

Family Doctor: \_\_\_\_\_ Doctor's # \_\_\_\_\_

Camper's medical coverage	Policy #	Group #

May we give your child ASPIRIN FREE medication if needed? YES or NO  
Date of last tetanus booster \_\_\_\_\_

In the event of a medical emergency, your child will first be taken to Lock Haven Hospital. After that, what hospital would you prefer? \_\_\_\_\_

In the event of an emergency and I CANNOT BE REACHED, I GIVE \_\_\_\_\_ MY CONSENT FOR THE HOSPITAL DOCTOR TO TREAT MY CHILD. \_\_\_\_\_ Parent/Guardian signature

**NOTE:** This form must be completed and signed before a camper is allowed to attend camp. In signing this form, you agree that your personal insurance will be the primary insurance and the camp insurance as secondary to pay any unpaid balance of emergency medical care. You also verify that the statements recorded here are true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check the week of camp you will be attending. IF an extra week is offered, please write its date and name on the lines at the bottom. You MUST fill out a card for each week.  
[Please see accompanying brochure for camp rates.]

- June 20 – 25  Senior High (10<sup>th</sup> – “10 grads)
- June 27 – 29  Beginners (2<sup>nd</sup> – 3<sup>rd</sup>)
- July 11 – 16  Junior High (8<sup>th</sup> – 9<sup>th</sup>)
- July 18 – 23  Junior (4<sup>th</sup> – 5<sup>th</sup>)
- July 25 – 30  Intermediate (6<sup>th</sup> – 7<sup>th</sup>)
- \_\_\_\_\_  \_\_\_\_\_

Camper's home church \_\_\_\_\_

**I have read the camp guidelines listed in the accompanying brochure and agree to abide by these guidelines and rules of Sylvan Hills Christian Service Camp.**

I will treat all campers and staff with respect and will behave in a Christian manner at all times. I will respect the rights of others and care for the camp's environment.

\_\_\_\_\_  
Camper's signature

Please mark if the camper has any of the following:

- Asthma    Diabetes    Sleep walking    Incontinence    Allergies    Food allergies (list below)

Comments: \_\_\_\_\_

Medications brought to camp should be in the original container with dispensing instructions and **given to the nurse at the registration table.**

**FOR THE CAMP NURSE USE ONLY!**

MEDICATION	INSTRUCTIONS	MEDICATION	INSTRUCTIONS

Record of Camper Treatment and/or Dispensing of Medication by Nurse

DATE	TIME	REASON	TREATMENT/MEDICATION GIVEN

I have reviewed all the information on this form **and have discussed the camp guidelines on the accompanying brochure with my child.** I recognize that this is a Christian Camp, that the Bible will be studied, and that camp conduct will be expected that is consistent with Christian values. I understand that random camp photos including my child may be used for camp promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's name \_\_\_\_\_

Have you been immersed for baptism? Yes or No

What is your swimming ability level?

Beginning    Intermediate    Advanced

Comments: \_\_\_\_\_

**ALL CAMPERS MUST SIGNIFY BUNK PREFERENCE**

Check one:  Top bunk    Bottom bunk    Either one

First & last name of friends you wish to bunk near-LIMIT 2

\_\_\_\_\_

This part to be completed by CHURCH REGISTRAR

Name of Church: \_\_\_\_\_

Amount church to be billed for camper

Do NOT include \$20 preregistration fee \_\_\_\_\_

Signature \_\_\_\_\_

For the reduced fee and canteen credit,  
completed registration card MUST BE  
**POSTMARKED by JUNE 4<sup>TH</sup>,** and accompanied by  
**NONREFUNDABLE \$20** preregistration fee.

MAIL TO: Denice Kramer, PO Box 786  
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