



Registration Form

Full Name: _____

Preferred Name: _____

Gender: _____ Date of Birth: _____ Grade Completed June 2019: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's/Guardian's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Father's/Guardian's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Church (if any): _____ City: _____ State: _____

Camp Session or Sessions: _____ Dates: _____

Full Price: \$ _____ Church Gift: \$ _____ Early Bird Discount: \$ _____

Non-refundable Deposit: \$ _____ Total Amount Due on Day of Arrival: \$ _____

T-Shirt Size: (circle one): YS YM YL S M L XL XXL XXXL

Roommate Request (1): _____

Roommate Request (2): _____

On a scale of 1-5, please rate your camper's swimming skills:

1	2	3	4	5
Cannot swim				Excellent swimmer

How did you hear about us? _____

Health Information

Immunizations (please confirm date) and any known allergies or other pertinent information (circle all that apply):

DPT	Hay Fever	Heart Ailments	Measles	Chicken Pox	Insect Stings
Polio	Asthma	Sleep Walking	Mumps	Bed Wetting	Tetanus

If others, please name: _____

Food Allergies (circle all that apply): Peanuts Wheat Other

If others, please name: _____

Name of Physician: _____

Office Phone Number: _____ Physical/Mental Limitations: _____

List ALL medications camper will bring to camp. (Please bring prescription bottles to camp):

Please detail any special dietary or other restrictions:

Insurance: Your Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Note: Camp Pee Dee Retreat Center provides secondary accident/sickness coverage. Your insurance (if any) will be the primary coverage. Our policy pays the difference between your bill and what is covered by your insurance (to the limits of the secondary policy).

General Information: Is there anyone legally restricted from seeing the camper? If so, please specify below:

Parent/Guardian Authorization:

I, _____, hereby certify that this registration information is correct. I give permission for the use of photography including my child in camp publicity. I give permission for the release of my child's medical records in case of an emergency, injury or illness. I understand that in the case of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named herein. If the camper is signed up for a camp that may travel off Camp Pee Dee Retreat Center grounds, I give permission for said camper to be able to travel.

Signature of Parent/Guardian: _____ Date: _____