

# Registration Form - Summer Camps 2012

Camper's Full Name: \_\_\_\_\_ prefer to be called: \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Completed Spring 2012: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to receive confirmation by: Email

Alternate Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_

## Church Affiliation

***If you are affiliated with a church in the Presbytery of New Harmony and/or your church is contributing to the camp tuition, please obtain the authorized signature of you Minister, DCE, Youth Director, or Clerk of Session.***

Church: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Confirmed Church Contribution: \$ \_\_\_\_\_

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

## Camp Selection & Fees

1st Choice: Camp Name: \_\_\_\_\_ Code: # \_\_\_\_\_

2nd Choice: Camp Name: \_\_\_\_\_ Code: # \_\_\_\_\_

**Camp Fee:** \$ \_\_\_\_\_

Early Bird (registration received before 5-1-12) -\$ 15.00 \_\_\_\_\_

Returning Camper -\$ 25.00 \_\_\_\_\_

Sibling Discount -\$ 20.00 \_\_\_\_\_

Church Contribution - \_\_\_\_\_

**TOTAL FEE for Camp 2012** \$ \_\_\_\_\_

DEPOSIT (Non-refundable, DUE w/ Registration) -\$100

This deposit is included and not an extra fee.

Example: Camp fee: \$265.00; Deposit: \$100.00; Total Due: \$165.00 not including (if any) incentives

**BALANCE (DUE on Arrival to CPDRC)** =\$ \_\_\_\_\_

**If paying by credit card Total Fee Due will be charged at one time  
Please call camp for more information**

### Please select shirt size:

\_\_\_\_\_youth small \_\_\_\_\_youth medium

\_\_\_\_\_youth large \_\_\_\_\_adult small

\_\_\_\_\_adult medium \_\_\_\_\_adult large

\_\_\_\_\_adult X-large

**HEALTH INFORMATION: (please fill in blanks even if camper has attended CPDRC before)**

Immunizations: (Please confirm date if possible)	Known Allergies:	Subject to:	Diseases:
_____ DPT	_____ Hay Fever	_____ Heart Ailments	_____ Measles
_____ Polio	_____ Asthma	_____ Sleepwalking	_____ Mumps
_____ Tetanus	_____ Insect Stings	_____ Bedwetting	_____ Chicken Pox
	_____ Food (_____)	_____ Nosebleeds	

Name of Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physical/Mental Limitations : \_\_\_\_\_

List medication the camper will bring to camp (bring written information on dosage/times): \_\_\_\_\_

List any medication to which the camper is allergic: \_\_\_\_\_

Please detail any special dietary or other restrictions: \_\_\_\_\_

**Insurance**

Your health insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Note: **Camp Pee Dee 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? Please specify: \_\_\_\_\_

Has the camper previously been to Camp Pee Dee Retreat Center? \_\_\_\_\_ When? \_\_\_\_\_

Cabin mate Request: \_\_\_\_\_

**(Campers must request each other. Only one request per camper.)**

**PARENT/GUARDIAN AUTHORIZATION**

**In signing this form**, 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 medical records in care of 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, as named herein.

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

**Make checks payable to: Camp Pee Dee Retreat Center**

**PLEASE MAIL COMPLETED REGISTRATION FORM WITH \$100.00 DEPOSIT (PER CAMP)**

**Camp Pee Dee Retreat Center, 1201 Camp Pee Dee Rd. Bennettsville, SC 29512  
(843) 479-3051**