



www.CampCarmel.com



CAMPER INFORMATION	WEEK OF CAMP ATTENDING: _____	<input type="checkbox"/> M <input type="checkbox"/> F
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First & Last Name: _____	DATE OF BIRTH: _____
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Street Address: _____	
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City & State: _____	Zip Code: _____
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FIRST TIME CAMPER: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade in Fall: _____	Cabin-Mate Preference: _____
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Camper Email: _____	Camper Cell: _____
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Church camper attends: _____

PAYMENT INFORMATION:		
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DEPOSIT PAID: \$ _____	BALANCE DUE: \$ _____	AMOUNT CHURCH IS TO PAY: \$ _____	If scholarship is need, please call 724-825-5613 To apply.
CASH/CHECK: # _____			

PARENT INFORMATION:	EMAIL: _____
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FIRST & LAST NAME: _____

CELL: _____	CELL: _____
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PLEASE COMPLETE REGISTRATION FORM & RETURN ASAP. A DEPOSIT OF \$50 IS DUE WITH REGISTRATION FORM & FULL PAYMENT IS DUE AT CAMP REGISTRATION. IF CAMPER'S CHURCH IS PAYING PART OR ALL OF CAMP FEE, IT IS PARENT/GUARDIAN'S RESPONSIBILITY TO ENSURE PAYMENT IS MADE TO CAMP CARMEL.

MAKE ALL CHECKS PAYABLE TO: CAMP CARMEL.

PLEASE MAIL COMPLETED REGISTRATION FORMS & PAYMENT TO: CHRISTINE CARSON, 323 DARR ROAD, ROSTRAVER TWP, PA 15012

WITH THE UNDERSTANDING THE LEADERS OF CAMP CARMEL HAVE TAKEN EVERY RESPONSIBLE PRECAUTION IN PREPARING & PLANNING EVERY ACTIVITY TO ENSURE THE SAFETY OF THE ABOVE REGISTERED CAMPER, I HERBY RELEASE ALL THE LEADERS AND THE CAMP FROM LIABILITY DUE TO ANY ACCIDENT WHICH MAY OCCUR ON OR OFF CAMP CARMEL'S PROPERTY. IN CASE OF MEDICAL EMERGENCY, I HERBY GIVE MY PERMISSION TO THE PHYSICIAN, ELECTED BY CAMP CARMEL STAFF, TO AUTHORIZE PROPER TREATMENT FOR, ORDER INJECTIONS, ANESTHESIA, OR SURGERY FOR MY CHILD, AS NAMED HERE-IN. FURTHERMORE, THE INFORMATION ON THIS FORM IS BOTH TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, CAMP CARMEL RESERVES THE RIGHT TO USE PICTURES & VIDEO TAKEN BY CAMP CARMEL STAFF IN PROMOTIONAL MATERIALS, THE CAMP CARMEL WEBSITE & ALL PLATFORMS OF SOCIAL MEDIA.

PARENT/GUARDIAN SIGNATURE: _____	DATE: _____
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