

Registration

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____

Home Church _____

Entering Grade _____ Phone () _____

Birth Date _____ Boy Girl

Cabin Mate _____

Important! Your name must be on his/her form too!

Choose Your Week

The BIG Weekend Senior High Junior High

Adventurer Pioneer Explorer

Total cost for the week: \$ _____

Family Discount: -\$ _____

Families with two or more attending campers may deduct \$5 from each child's camp fee.

Late Fee: +\$ _____

Add \$5 if registering after the deadline for each week.

Total Enclosed: \$ _____

Send registration form and fee to:

Camp Mantowagan

P.O. Box 95

Saxton, PA 16678

Phone: (814)658-3815

Please contact us immediately if you can't attend camp. There may be a waiting list. Refunds will be given if requested **before** your week begins.

Please complete health form on back.

Health Form

Camper's Name _____

Is there any evidence of heart abnormalities?

YES NO

Has the camper had a tetanus shot in the last 5 years?

YES NO

Does the camper have any drug allergies?

YES NO

Is the camper allergic to bee stings?

YES NO

Does the camper sleepwalk or fall out of bed?

YES NO

Is there any reason the camper should not play sports?

YES NO

Has the camper ever had any serious illness, such as epilepsy, rheumatic fever, asthma, etc? If so, please provide details.

Please do not send your child to camp if he or she has been sick. Your child may come later in the week. Let the nurse know of any possible embarrassing situation or medication. Prescription drugs must be in original container. Should the need arise; every effort will be made to contact you. Please provide numbers where you may be reached, including a contact if you are unavailable.

Please Print:

Parents' Name _____

Daytime # _____ Evening # _____

Cell # _____

Secondary Contact # _____

Insurance Company _____

ID Number

Code or Group Number

In an emergency, I hereby give permission to the licensed physician selected by the camp nurse or director to hospitalize and secure proper treatment (including surgery), for my child named above.

Signature of: **Father** **Mother** **Guardian** (circle one)

X _____