



Calvary

BIBLE CHURCH

TO KNOW *Him* AND MAKE *Him* KNOWN

2025 Kids' Camp Camper Registration

Paid
Sponsorship Needed
Partial Sponsorship Needed

PLEASE PRINT

Child's Information - One application per camper is required!

Last Name: _____ First Name: _____ Date of Birth ____/____/____
Grade Completed (as of June 2025) _____ Sex ____ Weight _____ T-Shirt Size _____
Church presently attending: _____ Pastor's Name: _____
Please indicate if: ☐ K-2nd Day Camper ☐ 3-6th Day Camper ☐ 3-6th Overnight Camper
☐ Child of Volunteer Worker

Parent(s) or Guardian Information

Father's Last Name: _____ First Name: _____
Mother's Last Name: _____ First Name: _____
Relationship to child (Please circle one): Parent or Guardian (**Note: must be a legal relationship of the child**)
If Guardian, please complete section indicated by "Mother"
Father's Home Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Mother's Home Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Home Phone: _____ Cell Phone: _____ Other: _____

Medical and Emergency Contact Information

Family's Medical Insurance Company: _____
Policy Number: _____ Group Number: _____
Name of Parent/Guardian who is policy holder: _____
Emergency Contact Name: _____
Phone Number(s): Home _____ Cell _____ Other _____

Medical Health Questionnaire - If question is not applicable, print NA

Health History - Please check if your child has had the following:
____ Respiratory Problems (Pneumonia, Bronchitis, Asthma, Sinusitis) _____ Emotional Concerns _____ Heart Problems
____ Gastrointestinal Problems (Constipation, Abdominal Pain) _____ Skin Problems _____ Convulsive Disorders
____ Kidney/Bladder Problems _____ Recurring Ear Problems _____ (Other - list below)
Other: _____

Current Health: Please check if your child currently has any of the following:
____ Respiratory Problems _____ Allergies _____ Ear Infection L ____ R ____ Other
____ Diabetes _____ Dietary Restrictions _____ Gastrointestinal Problems
____ Social/Emotional Behavior Concerns

Past or current special needs/health issues/behavioral diagnosis/allergies that could be important for the physician, staff or volunteer member to know for proper diagnoses and treatment, especially pertaining to the information provided above or any other information you deem vital:

PLEASE COMPLETE BACK OF THIS FORM

Medical Information Continued

Please list **ALL** medication (over the counter or by prescription) that your child is currently taking along with the dosage, quantities and times. Be specific. Medication must be labeled with instructions on bottle. If prescription, please provide the prescriber's name & phone #. **Please give ALL medications to the camp nurse.**

Refrigeration Required: Yes or No (circle one)

Please check the boxes for permission for over-the-counter medications/etc. to be administered to my child on an as needed basis:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Anti-Itch Cream, Sting Wipes, Calamine Lotion | <input type="checkbox"/> Sunblock |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Anti-Bacterial Cream | <input type="checkbox"/> Bug Spray |
| <input type="checkbox"/> Throat Lozenges | <input type="checkbox"/> Antacid, Pepto-Bismol, Tums | |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Petroleum Jelly | |

Activity Information

Please list any and all activities that you **DO NOT** want your child to participate in during camp week.

Please signify if your child is able to swim. The swimming pool is up to 10' deep. **Yes or No (circle one)**

Authorized Pick-up

Please list individuals who are authorized to pick up your child from camp:

_____	_____
_____	_____

Medical and Liability Agreement:

In consideration of the child's participation in ministries and activities at **Penn Grove Retreat, 6419 Pamadeva Rd. Hanover, PA 17331**, as well as transportation to and from ministries and activities of Calvary Bible Church located at 603 Wilson Ave. Hanover PA 17331, I, individually and on behalf of any other parent or guardian of the child named agree to release, indemnify, defend, and forever discharge Calvary Bible Church, the board of elders, employees, paid staff, volunteer staff, and all representatives of and from any and all claims, losses, injuries, (up to and including death), demands, rights, and causes of action which may result from participation of the child. I/We know that children may be injured, sometimes seriously, up to and including death. I/We certify that the child named is physically and medically able to participate in the activities (except as noted) and related activities to the best of my/our knowledge, information, and belief. In the event of an emergency, every effort will be made to immediately contact the parent or guardian at the phone number(s) listed. If I/we cannot be reached at the phone number(s), I/We give permission to the physician selected by Calvary Bible Church to hospitalize, secure proper treatment for and order injection(s), anesthesia, or surgery for the child as the physician(s) sees fit. I/We release Calvary Bible Church, and their employees, volunteer and paid staff, nurses, affiliates, representatives, directors, elders and officers for any medical treatment provided hereunder. I/We agree to be completely responsible for any and all treatment and related costs for medical and dental services provided pursuant hereto. In the event of any injury, a doctor needs to be seen within 90 days of the injury/accident.

- ☐ Appropriate photographs and/or video recordings may be taken of the child while participating in any related activities. These photos and/or video recordings may be published in Calvary Bible Church's materials such as in/on bulletin boards, flyers, mailers, web site, and the like with no personal information listed. _____ (Initial)

Dated: _____ Father: _____ Mother: _____
(Sign your name here) (Sign your name here)

Legal Guardian: _____
(Sign your name here)