

2011 LAKE OWEGO EXPLORERS CAMP REGISTRATION FORM

Camper Name _____ Grade in September 2012 _____

Birth date _____ E-mail _____ Phone _____

Gender: Male Female Siblings at camp? No Yes, name(s) of siblings _____

Street _____

City _____ State _____ Zip _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

Emergency Contact _____ Phone _____

Medical Insurance Company _____

Address of Company _____

Name of Insured Family Member _____

Insurance Plan/Group Number _____

Enclose a check made payable to: **Lake Owego Camp** or use your **Visa** or **MasterCard**

Card number _____ Security code _____ Exp. date _____

Name on Card _____

Fee: \$200, which will be credited for all campers who enroll for the 2012 camping season. Price includes a camp t-shirt.

2011 EXPLORERS CAMP

Sessions: Saturday, July 9, 2011–Sunday, July 10, 2011

 Saturday, July 16, 2011–Sunday, July 17, 2011

 Saturday, July 30, 2011–Sunday, July 31, 2011

T-shirt Size: Child SM Child MED Child LG Child XL Adult S

Transportation: To Camp: Driving my child Bus from Plymouth Meeting, PA Bus from Livingston, NJ
 From Camp: Driving my child Bus to Plymouth Meeting, PA Bus to Livingston, NJ

MAIL BACK OR FAX TO:

Before June 10: 151 Washington Lane, Jenkintown, PA 19046 | Phone 215-887-9700 | Fax 215-887-3901

After June 10: 1687 Route 6, Greeley, PA 18425 | Phone 570-226-3636 | Fax 570-226-1401



2011 LAKE OWEGO EXPLORERS CAMP QUESTIONNAIRE/RELEASE FORM

Camper Name: _____

Is your child on any medication? _____

Are you sending any medications to the Camp Doctor? _____

If yes, which medications? _____

Instructions and dosage? _____

Does your child have any dietary restrictions? _____

Does your child have any allergies? _____

Does your child have any behavioral, sleeping, or eating habits that the camp should be aware of? _____

Does your child have any other emotional or physical issues that the camp should be aware of? _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of the camp.

Parent (or Guardian) Signature: _____ Date _____

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