

# 2010 LAKE OWEGO EXPLORERS CAMP REGISTRATION FORM

Camper Name \_\_\_\_\_ Grade in September 2010 \_\_\_\_\_

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, of which \$100 will be credited for all campers who enroll for the 2011 camping season. Price includes a camp t-shirt.

## 2010 EXPLORERS CAMP

Sessions: Saturday, July 10, 2010–Sunday, July 11, 2010  
Saturday, July 17, 2010–Sunday, July 18, 2010  
Saturday, July 31, 2010–Sunday, August 1, 2010

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 21: 151 Washington Lane, Jenkintown, PA 19046 | Phone 215-887-9700 | Fax 215-887-3901

After June 21: 1687 Route 6, Greeley, PA 18425 | Phone 570-226-3636 | Fax 570-226-1401



# 2010 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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