



Streamside 2012 Summer Camp Registration

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360

Questions? contact: (570) 629-1902 or summercamp@streamside.org

Register online at www.streamside.org

Camper's Last Name _____ First _____ Middle _____

Birthdate ____/____/____ Age _____ Gender Male Female Last Year at Streamside _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Relation _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____ Email _____

Church Name (optional) _____

Church Address _____ City _____ State _____ Zip _____

How to register your camper

- Complete this registration form **OR** register online at www.streamside.org
- Pay the required deposit
- Complete the *Health History & Parent/Camper Consent* form located on the back
- Complete the *Summer Food Service Program Income Eligibility Application (SFSP)* form, which will be mailed to you when registration and deposit are received
- Pay the remaining balance at least two weeks before the encampment

Helpful Information

- Complete ONE Registration form for EACH child attending Camp
- There is a \$10 late fee if Balance is not paid on time and a \$20 charge for returned checks

Special Discounts

- **Streamside Campership:** A \$50.00 Campership is available to eligible campers who complete the SFSP form.
- **Early Bird*:** To qualify, register BEFORE MAY 1ST and receive a \$10.00 credit towards your balance for each encampment registered for.
- **Family Plan*:** To qualify, children must be siblings and reside in the same household. Discounts will be applied upon receiving registration forms and deposits for each child. Please send applications together.

1st child = full amount

2nd child = \$15 off

Each additional Child = \$35 off

- **Group Discounts:** Call use at (570) 629-1902 or visit our web site at www.streamside.org to find out more about additional Group Discounts.

* Early Bird and Family Plan discounts cannot be applied toward Group discounts or full-ride scholarships, such as the Madeline Moore Grant.

Mark the encampment(s) that you are registering for

*Please note that all of our camps, including Teen Camps, are co-ed.

Kids Camp (Ages 8-12) \$60 Deposit per week PLUS:

- June 25 - June 30 1 week **\$189.00 Balance** (\$249 total)
- July 16 - July 21 1 week **\$189.00 Balance** (\$249 total)
- July 23 - July 28 1 week **\$189.00 Balance** (\$249 total)

Teen Camp (Ages 13-15) \$60 Deposit per week PLUS:

- July 2 - July 7 1 week **\$189.00 Balance** (\$249 total)
- July 9 - July 14 1 week **\$189.00 Balance** (\$249 total)

Travel plans

- Streamside Bus from Philadelphia, round-trip cost \$50.00
- Other

Enclosed is

\$ _____ **Deposit (non-refundable) - Due NOW**

\$ _____ Balance - Due at least two weeks before encampment

\$ _____ Late Charge (additional \$10 if balance is late)

\$ _____ **Streamside Philadelphia Bus, \$50.00 - Due NOW**

\$ _____ Spending Money - Due Anytime (\$20-30 recommend)

\$ _____ **TOTAL amount sent with Registration Form**

Type of payment

Check/Money Order # _____ VISA MasterCard Discover

Card Holder's Name: _____

Credit Card #: _____

Exp. Date: ____/____ Security Code (3 digit code on back): _____



Health History & Parent/Camper Consent

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360

Questions? contact: (570) 629-1902 or summercamp@streamside.org

Camper's name _____ DOB ____/____/____

Parent/Guardian Name _____ Relation _____

Address _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Emergency Contact Name _____

Relationship _____ Phone (____) _____

Family Physician _____ Phone (____) _____

Date of last physical exam ____/____/____ Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier _____ Phone (____) _____

Policy/Group # _____

THIS FORM MUST BE COMPLETED AND SENT AT LEAST TWO (2) WEEKS PRIOR TO THE ENCAMPMENT TO BE CONSIDERED REGISTERED FOR CAMP.

CONFIDENTIAL: We respect your privacy. This form is intended to provide necessary medical information to care for the well being of your child. It is reviewed by the camp nurse and possibly your child's cabin counselor, if appropriate. In the event of an emergency, it may also be reviewed by medical personnel, camp administration, office staff, and transportation personnel.

<p>ALLERGIES AND CONDITIONS Indicate severity of all that apply</p> <p>Mild: no medication required (ex: rash resolves on its own) Moderate: medication may be required (ex: Benadryl for hives) Severe: life threatening (ex: carries a bee sting kit)</p> <p>SPECIFY MILD MODERATE SEVERE ADDITIONAL COMMENTS:</p> <p>Hay Fever _____</p> <p>Ivy Poisoning _____</p> <p>Insect Stings _____</p> <p>Penicillin _____</p> <p>Medication _____</p> <p>Asthma _____</p> <p>Other _____</p>	<p>FOOD ALLERGIES AND DIETARY RESTRICTIONS Streamside will accommodate for food allergies and special diets to the best of our ability if information is received at least two (2) weeks prior to encampment. Please list food restrictions or allergies, the severity of the reaction and any medical interventions necessary (epi-pen, Benadryl, etc.):</p> <table border="1"> <thead> <tr> <th>RESTRICTIONS/ALLERGY</th> <th>REACTION</th> <th>INTERVENTION</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>ADDITIONAL COMMENTS:</p>	RESTRICTIONS/ALLERGY	REACTION	INTERVENTION	_____	_____	_____	_____	_____	_____
RESTRICTIONS/ALLERGY	REACTION	INTERVENTION								
_____	_____	_____								
_____	_____	_____								

<p>DISEASES AND CONDITIONS (Check all that apply, please give appropriate dates)</p> <p>_____ Frequent Ear Infections _____ Chicken Pox</p> <p>_____ Heart Defect/Disease _____ Measles</p> <p>_____ Convulsions/Seizures _____ German Measles</p> <p>_____ Diabetes _____ Mumps</p> <p>_____ Bleeding/Clotting Disorders _____ A.D.D./A.D.H.D.</p> <p>_____ Hypertension _____ Bedwetting</p> <p>_____ Mononucleosis _____ Sleepwalking</p> <p>_____ Hepatitis _____ Other _____</p> <p>ADDITIONAL COMMENTS:</p>	<p>MEDICATION All medications must be turned in to the Camp Nurse and must remain in the original pharmacy labeled container that bears the camper's name on it, loose pills will not be accepted. Be sure containers are clearly marked with:</p> <ul style="list-style-type: none"> • the name of the prescribing physician, • the name of the Medication, • the dosage and strength, and • how often the medication is to be taken. <p>Our Camp Nurse will have most over-the-counter medications available. Unused medications will be returned at the end of camp.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>ADDITIONAL COMMENTS:</p>
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Tetanus shot - last vaccination date ____/____/____

Operations or serious injuries (dates) _____

Disability, chronic or recurring illness _____

Any specific activities to be encouraged or limited by physician's advice _____

AUTHORIZATION FOR TREATMENT AND CONSENT

****IMPORTANT - This release form MUST be signed for attendance****

I hereby give permission to the medical personnel selected by the Streamside Camp director to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. If I am unable to be contacted in an emergency, I hereby give permission to the medical personnel selected by the Streamside Camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct to the best of my knowledge, and may be photocopied for trips off camp. The person herein described has permission to engage in all prescribed camp activities except as noted. I understand that there are risks inherent in camp activities and agree to hold BCM International/Streamside Camp and Conference Center, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Streamside Camp and Conference Center and Christian Camp and Conference Association to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian or adult camper _____ Date ____/____/____