

Streamside 2010 Winter Blast Registration

Register Online at
www.streamside.org

Mail To: Streamside Camp, RR 3 Box 3307, Stroudsburg, PA 18360

Questions? contact: (570) 629-1902 or winterblast@streamside.org
or visit our website at www.streamside.org

Camper's Last Name _____ First _____ Middle _____
Birthdate ____/____/____ Male Female
Address _____ City _____ State _____ Zip _____
Parent/Guardian Name _____ Email _____
Phone: Home (____) _____ Work (____) _____ Cell (____) _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone (____) _____

Do you carry family medical/hospital insurance? _____ If so, indicate:

Carrier: _____ Policy/Group # _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

PLEASE CHECK ONE:

Kids Winter Blast (Ages 8-12) **February 19-21**
\$60 due with registration

Teen Winter Blast (Ages 13-15) ~~February 26-28~~
\$60 due with registration *March 12-14*

TRAVEL PLANS:

Streamside Bus from Philadelphia, \$40 round-trip
 Other

- * Complete ONE Registration form for EACH Child attending Camp.
- * Registration Fee and Bus Fee (if applicable) are due with this Registration.
- * Personal checks are accepted ONLY if received by two weeks before camp.
- * Please call Streamside if you have questions about Winter Blast weekend camps, 570-629-1902.
- * More information about each Winter Blast weekend will be sent to those who register. Information can also be found on our Web site at www.streamside.org.

ENCLOSED IS:

\$ _____ Registration Fee
\$ _____ Streamside Philadelphia Bus
\$ _____ **TOTAL**

I AM PAYING BY:

Check # _____ Money Order VISA MasterCard Discover
Cardholder's Name _____
Street Address _____ Zip _____
Credit Card # _____
Exp. Date ____/____ Code (3 numbers) on back of card _____
Signature _____

HEALTH HISTORY: (please give appropriate dates)

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

Allergies to medicine/food: _____

Current medication (send with instructions): _____

Family physician _____ Phone (____) _____

AUTHORIZATION FOR TREATMENT AND CONSENT FORM

****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 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 4 hours of the request.

I agree to allow BCM International/Streamside Camp and Conference Center to use audio, video and still pictures 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 _____

*If you cannot sign this form for religious reasons, camp should be contacted for a legal waiver which must be signed for attendance.