



Streamside 2019 Winter Blast 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 _____

Birth Date ____/____/____ Age _____ Gender Male Female Last Year at Streamside _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Relation _____

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

How to register your camper

- * Complete ONE registration form for EACH Child OR register online at www.streamside.org
- ** A deposit fee of \$25.00 and Bus Fee (if applicable) are due with this Registration.
- * More information will be sent to those who register. Information can also be found on our Web site at www.streamside.org.

Winter Blast pricing

We are instituting a **voluntary** tiered price structure for the Winter Blast weekend camp.

Actual Cost is \$120 per person. This helps us meet our budget and continue to operate a great camp!

Tier 1 Discount brings the price to \$90 per person. This allows us to offset some expenses, but results in less revenue to maintain a budget.

Tier 2 Discount brings the cost to \$60 per person. This does not reflect the actual cost of camp. We rely on donations to cover the remaining expenses.

Camper's age group

- Kids' Winter Blast (Ages 7-12) **February 8 - 10, 2019**
- Teen Winter Blast (Ages 13-15) **February 8 - 10, 2019**

Price structure you are paying

- Actual Cost: \$120 per person
- Tier 1 Discount: \$90 per person
- Tier 2 Discount: \$60 per person (This is the recommended cost for those eligible for the SFSP guidelines found on our Web site.)

Travel plans

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

Enclosed is

- \$ **25.00** Deposit Fee - *Due NOW*
- \$ _____ Streamside Philadelphia Bus - *Due NOW*
- \$ _____ **TOTAL** amount sent with Registration Form

Health History and Consent

Please indicate any limitations, restriction, allergies or medications (send with instructions) _____

I hereby give permission to the medical personnel selected by the Streamside Camp staff 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 staff 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 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 ____/____/____