



Streamside Winter Blast

YOUTH GROUP REGISTRATION

February 7 - 9, 2020

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

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

To register your youth group, ages 13-18 for Streamside Winter Blast, please complete this form and send it in with the required deposit to Streamside by February 1st.
Each member of your group will need to complete a **INDIVIDUAL REGISTRATION** which you should collect and bring with the balance due to the event.

Church Name _____ Phone _____
 Group Leader _____ Phone _____
 Cell Phone _____ Email _____
 Address _____ City _____ State _____ Zip _____

GROUP ROSTER

Please list all participants' names, gender and designate adult leaders. You should have a minimum of 1 same-gender adult leader per 10 campers for each gender of youth in your group. Gender groups of 8 or more will be provided a private cabin. Smaller groups may need to share.

1. _____	M / F	13. _____	M / F
2. _____	M / F	14. _____	M / F
3. _____	M / F	15. _____	M / F
4. _____	M / F	16. _____	M / F
5. _____	M / F	17. _____	M / F
6. _____	M / F	18. _____	M / F
7. _____	M / F	19. _____	M / F
8. _____	M / F	20. _____	M / F
9. _____	M / F	21. _____	M / F
10. _____	M / F	22. _____	M / F
11. _____	M / F	23. _____	M / F
12. _____	M / F	24. _____	M / F

RATE WORKSHEET

The cost is \$90/person. As a courtesy to your group, for every eight (8) youth in your group, one (1) adult leader can come for FREE!

All deposit and registration fees from participants is to be collected by the group leader. Please send **ONE PAYMENT** for the deposit by February 1st. The balance is due on or before event registration.

Number of Youth male _____ female _____ x \$90 = \$ _____
 Number of Leaders male _____ female _____ x \$90 = \$ _____
 Total deposit (minus Leader Discount) **\$25/person** = \$ _____
BALANCE DUE = \$ _____



Streamside Winter Blast INDIVIDUAL REGISTRATION Health Form & Parent Consent

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

Camper's Name _____ Gender M / F Date of Birth ____/____/____

Parent/Guardian Name _____ Relation _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Email _____

Emer. Contact _____ Relation _____ 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 # _____

Health History and Consent

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

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.

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 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 ____/____/____