



# Streamside 2020 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](http://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](http://www.streamside.org)
- Pay the required deposit
- Complete *Health History & Parent/Camper Consent*
- Complete *Behavior Contract*
- Complete the *Summer Food Service Program Income Eligibility Application (SFSP)* form if interested in financial aid.
- 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. Guidelines are on our website.
- **SFSP Discount:** An additional \$40.00 discount is available to eligible campers who complete the SFSP form.
- **Early Bird\*:** To qualify, register and pay in full BEFORE MAY 1<sup>ST</sup> and receive a \$10.00 credit towards your balance for each encampment.
- **Family Plan\*:** To qualify, children must be siblings and reside in the same household. Please send applications together.
  - 1st child = full amount
  - 2nd child = \$15 off
  - Each additional Child = \$35 off
- **Group Discounts:** Call us at (570) 629-1902 or visit our web site at [www.streamside.org](http://www.streamside.org) to find out more about additional Group Discounts.

\*Special 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 are co-ed.

### Kids Camp (Ages 7-12) \$60 Deposit per week PLUS:

- |   |        |                                       |
|---|--------|---------------------------------------|
| <input type="checkbox"/> June 29 - July 4   | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 6 - July 11   | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 13 - July 18  | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 20 - July 25  | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 27 - August 1 | 1 week | <b>\$265.00 Balance</b> (\$325 total) |

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

- |   |        |                                       |
|---|--------|---------------------------------------|
| <input type="checkbox"/> June 29 - July 4   | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 6 - July 11   | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 13 - July 18  | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 20 - July 25  | 1 week | <b>\$265.00 Balance</b> (\$325 total) |
| <input type="checkbox"/> July 27 - August 1 | 1 week | <b>\$265.00 Balance</b> (\$325 total) |

### Alumni Camp (Ages 16+) \$25 Deposit per session PLUS:

- |  |         |                                      |
|--|---------|--------------------------------------|
| <input type="checkbox"/> Sept 4 - Sept 7 | weekend | <b>\$95.00 Balance</b> (\$120 total) |
|--|---------|--------------------------------------|

## Transportation request

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

## Enclosed is...

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

\$ \_\_\_\_\_ Balance - *Due at least two weeks before encampment*

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

\$ \_\_\_\_\_ Spending Money - *Due Anytime* (\$10-20 to be used in camp snack shop as incentive for good behavior)



# Health History & Parent/Camper Consent

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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><b>ALLERGIES AND CONDITIONS</b>          Indicate severity of all that apply</p> <p><b>Mild:</b> no medication required (ex: rash resolves on its own)  <b>Moderate:</b> medication may be required (ex: Benadryl for hives)  <b>Severe:</b> life threatening (ex: carries a bee sting kit)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">SPECIFY</th> <th style="text-align: center; border-bottom: 1px solid black;">MILD</th> <th style="text-align: center; border-bottom: 1px solid black;">MODERATE</th> <th style="text-align: center; border-bottom: 1px solid black;">SEVERE</th> <th style="text-align: left; border-bottom: 1px solid black;">ADDITIONAL COMMENTS:</th> </tr> </thead> <tbody> <tr> <td>Hay Fever</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Ivy Poisoning</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Insect Stings</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Penicillin Medication</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Asthma</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> </tbody> </table>	SPECIFY	MILD	MODERATE	SEVERE	ADDITIONAL COMMENTS:	Hay Fever	_____	_____	_____		Ivy Poisoning	_____	_____	_____		Insect Stings	_____	_____	_____		Penicillin Medication	_____	_____	_____		Asthma	_____	_____	_____		Other	_____	_____	_____		<p><b>FOOD ALLERGIES AND DIETARY RESTRICTIONS</b>          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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">RESTRICTIONS/ALLERGY</th> <th style="text-align: left; border-bottom: 1px solid black;">REACTION</th> <th style="text-align: left; border-bottom: 1px solid black;">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	_____	_____	_____	_____	_____	_____
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<p>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 _____</p>																																													

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_