



# Streamside 2024 Winter Blast Registration

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360  
Questions? contact: (570) 629-1902 or winterblast@streamside.org

**Register online at [www.streamside.org](http://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 \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

If so, indicate: Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Policy/Group # \_\_\_\_\_

## How to register your camper

Complete ONE registration form for EACH Child OR  
register online at [www.streamside.org](http://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](http://www.streamside.org).

## Camper's age group

- ☐ Kids' Winter Blast (Ages 7-11) **February 9 - 11, 2024**
- ☐ Teen Winter Blast (Ages 12-15) **February 9 - 11, 2024**

## Pricing for Winter Blast

- ☐ Actual Cost: \$90 per person
- ☐ Discounts available for groups (8 or more)
- ☐ Angel Tree Participants only pay Registration Fee, please  
contact our office or go online to register as Angel Tree.

## Travel plans

- ☐ Streamside Bus from Philadelphia, round-trip cost \$25.00
- ☐ Other \_\_\_\_\_

## Enclosed is

\$ **25.00** Deposit Fee - Due NOW

\$ \_\_\_\_\_ Streamside Philadelphia Bus - Due NOW

\$ \_\_\_\_\_ **TOTAL** amount sent with Registration

## Health History & 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 \_\_\_\_/\_\_\_\_/\_\_\_\_