REGISTRATION FORM FOR JUNIOR AND YOUTH CAMP								
Name of Camper			2000			ade Completed		
Address								
City		State		Z	lip			
Parent / Guardian		Phone	()	Α	It Phone	()		
Church Name								
Family Doctor		Phone	()					
Preferred Hospital		T-Shirt	Youth		ize	S M L XL	XXL	
Is Camper on Medication	on?	Yes	()	N	lo	()		
If Yes, For? Times?								
Has Camper had a rece		Yes		Α	pprox Yr			
Allergies and additional	I information we should kno	w?						
I agree to abide by the rules and regulations of Bethel Park Camp:								
							-	
Camper Signature			Date					
PARENTAL PERMISSION SLIP								
JR CAMPER	S NEEDING CAR SEATS FOR FIELD	D TRIPS, PLI	EASE LEAV	E OR DROP OFF	WITH NAME	ATTACHED		
I give permission for Bethel Park Camp to use electronic and printed pictures of my child for promotional and								
instructional purposes and for my child to leave the campground with the youth group for any planned field trips								
that have been approved by the Board of Directors:								
Parent/Guardian S	Signature		Date					
Parent/Guardian S								
EARLY-BIRD REGISTRATION:								
Early-Bird Registration must be postmarked by June 30th. This includes the registration form and ½ the registration fee which								
is non-refundable. It Campers must include \$32.50 and Sr Campers \$87.50. The remainder will be paid on the first day of								
camp during registration. If scholarship money is needed, please note on registration form. If your church is paying ½ or the entire fee, please write in the name of the church. By using early-bird registration you will also save your church money.								
Questions about registration, call Trudy Snyder @ 814.839.4644 or text @ 814.585.4440.								
MAKE CHECK PAYABLE TO: "Bethel Park Camp"								
SEND FORM	AND CHECK TO: Trudy Sn	yder 2039	Rocklic	k Hollow Rd,	New Paris	, PA 15554		
:	AMPER CHECK-IN / REGIS							
If parent	s wish to eat Sunday Lunch	nlease m	nake rese	ervations at tir	ne of Regis	stration.		
SUNDAY MEALS F	OR THE PARENTS WILL BE PA	ID AT THE	DOOR A	ND ARE NOT IN	ICLUDED IN	REGISTRATION.		
() Jr. Camp (Those v	who completed Kindergarte	en thru 6th	grade*) July 9 th – 13		ration (All Days)	\$80	
	completed 6 th grade may choo				Early-l	Bird (All Days)	\$65	
	16 th after noon meal				Day R	ate Available	\$25	
	hose who completed 6 th gr	ade* thru	12th)	July 9 th – 20) th Regist	ration	\$200	
	completed 6 th grade may choo			•	Early-I		\$175	
Checkout Sunday I				·	•			
Is Scholarship help nee		()	How mu	ch requested:				
Is your church paying	. ,	()						
, , , , ,		. ,		ng Church:	ion during	the OO days be	foro	
Note: If youth has received medical care or advice for a disease or physical condition during the 90 days before								
the effective date of camp, you will not be covered for that disease or physical condition while insured at camp.								
I hereby authorize the release of medical information necessary for insurance purposes to Bethel Park Camp. Bethel Park Camp will in no way be responsible for medical treatment or liability resulting from physical conditions								
existing prior to the child coming to camp. Medical/Hospital care is available within 15 miles.								
If you cannot be located in the event of an emergency and medical care is needed for your child, do you give								
permission for your child to receive the necessary care? Yes () No ()								
permission for jour on	12		` /					
Parent/Guardian Si	gnature		Da	ite				