

CAMPER REGISTRATION

- Registration forms MAY be reproduced.
- A \$50 deposit for each week of camp must accompany this registration form.
- Registration deposits MAY be transferred but will not be refunded.
- A camper's entire balance must be paid in full at least two weeks before their camp date.
- Parents registering campers within two weeks of camp should call the office for special instructions.
- Confirmation of registration is not mailed back, although email confirmation is available.
- Telephone or FAX registrations are not accepted, but online registration is available.
- There are no refunds for early dismissals.
- Walk-in registrations are not accepted.

Step 1: Camper Information

Have you attended High Point Camp before? Yes No

Name: _____ Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birthdate: mm / dd / yyyy Grade Entering in the Fall: _____

T-Shirt Size: Youth: YM YL Adult: S M L XL XXL

Parent/Guardian: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

Email: _____

Please print clearly

Step 2: Church Information

Church Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Church Phone: () _____ Church Email: _____

Pastor: _____ Youth Pastor: _____

Step 3: Choose Cabin Roommate

Choose ONE
(Your choice must be no more than one year older or younger and they must choose you. NO EXCEPTIONS)

Step 4: Camper & Parent Agreement

I understand that the camp reserves the right to send my child home if my child does not act within conduct guidelines. I understand that if my child is dismissed from camp, there will be no refund. I understand that all photos and video of my child are property of High Point Camp and can be used for promotional purposes without remuneration. I understand that High Point Camp is a Christian camp where Biblical principles will be taught.

Signature of Parent or Guardian _____ Date _____

I have carefully read the general information, and I agree to cooperate and comply in all these areas. I understand that violation of these areas may result in my dismissal from camp.

Signature of Camper _____ Date _____

Step 5: Medical Information

Camper Name: _____

Insurance Policy Holder's Name: _____

Insurance Company's Name: _____

Insurance Company's Address: _____

City: _____ State: _____ Zip: _____

Policy #: _____

Emergency Contact #1: _____

Home Phone: () _____ Cell Phone: () _____

Relation to Camper: _____

Emergency Contact #2: _____

Home Phone: () _____ Cell Phone: () _____

Relation to Camper: _____

Please check the Basic Medications your child may take:

Tylenol Motrin Aleve Immodium Pepcid Turns/Rolaid

liquid liquid pill pill

chewable chewable Benadryl Robitussin/Mucinex

Date of Last Tetanus Shot: _____

Specific Food Allergies: _____

Reaction: _____

Specific Medication Allergies: _____

Reaction: _____

Other Allergies: _____

Reaction: _____

Current Medication or Vitamins Taking*: _____

Dosage of Medication or Vitamins: _____

Physical Limitations: _____

Restricted Activities: _____

Additional Information/Medical History: _____

*All medication and vitamins should be kept in their original containers, and should be checked in the nurse's station at registration. Those who knowingly have contagious conditions should not attend camp. Indicate on a separate page any behavioral issues, traumatic events or other information that could be useful to the onsite medical staff and camper's counselor.

Step 6: Medical Authorization

In case of medical emergency, I hereby give my permission to the staff member in charge to: Hospitalize, and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named in this registration form. I certify that my child is in good physical condition, and is able to participate in the entire camping program except for activities listed as "restricted". I understand, as a parent or guardian, that my child is capable and willing to administer his/her own prescription medication to his or her self. My child's counselor has my permission to secure, keep safe under "lock & key", if necessary, prescription or over the counter medicines, but realize the counselor will not administer any prescription medication to campers.

Signature of Parent or Guardian _____ Date _____

Step 7: Choose Your Camps

DAY CAMP (Register by June 1)	COST BEFORE 4/1	COST BEFORE 6/1	COST AFTER 6/1	GRADE ENTERING IN FALL
DAY <input type="checkbox"/> June 18 - 22	\$125	\$125	---	1-4

JUNIOR CAMP	COST BEFORE 4/1	COST BEFORE 6/1	COST AFTER 6/1	GRADE ENTERING IN FALL
JR1 <input type="checkbox"/> June 25-29: Chapman	\$205	\$220	\$230	3-7
JR2 <input type="checkbox"/> July 16-20: Dunlap	\$220	\$220	\$230	3-7
JR3 <input type="checkbox"/> July 23-27: Dunlap	\$220	\$220	\$230	3-7

JUNIOR HIGH CAMP	COST BEFORE 4/1	COST BEFORE 6/1	COST AFTER 6/1	GRADE ENTERING IN FALL
JH1 <input type="checkbox"/> July 9-14: Perodin	\$230	\$230	\$240	6-9

TEEN CAMP	COST BEFORE 4/1	COST BEFORE 6/1	COST AFTER 6/1	GRADE ENTERING IN FALL
TN1 <input type="checkbox"/> July 2-7: Pitts	\$215	\$230	\$240	7-12
TN2 <input type="checkbox"/> July 30 - Aug. 4: Johns	\$230	\$230	\$240	7-12
TN3 <input type="checkbox"/> August 6-11: Schettler	\$230	\$230	\$240	7-12

CANADA EXTREME (Register by July 1)	COST BY 7/1	GRADE ENTERING IN FALL
CAN <input type="checkbox"/> August 11-17	---	\$385 10-12

Step 8: Discounts & Payment

Total Cost for All Weeks Registered Including Early Reg. Discounts: + \$ _____

DISCOUNTS:

FAMILY DISCOUNT (cannot be used with Multiple Week Discount or Canada Extreme)

DAY CAMP (This applies only to siblings attending Day Camp together)

2nd-7th Child (\$10 off) List siblings: _____ - \$ _____

JUNIOR, JH, and TEEN CAMPS (Day Camp siblings do not count toward this discount)

2nd Child (\$20 off) List sibling: _____ - \$ _____

3rd Child (\$50 off) List siblings: _____ - \$ _____

4th-7th Child (\$75 off) List siblings: _____ - \$ _____

MULTIPLE WEEKS (cannot be used with Family Discount, Day Camp or Canada Extreme)

Each Addition Week (\$30 off) - \$ _____

Total Camp Cost \$ _____

(Minimum \$50 deposit x _____ week(s) of camp) Amount Enclosed \$ _____

(Due two weeks before your child's camp date) Balance Due \$ _____

Donation to the Pavilion Project Fund: \$ _____
(For details, see "The Pavilion Project" panel)

Mail this registration form completed with deposit to:

HIGH POINT CAMP | PO Box 188 | Geigertown, PA 19523

FOR OFFICE USE ONLY

Cash MO/Check _____ Amount \$ _____ Ck Date _____

Paid By _____ Entered By _____ Date Entered _____