

2017 CAMP PEARL Registration Form



NAME _____ BOY _____ GIRL _____

Address _____ Date of Birth ____/____/____

City _____ Grade this Fall (2017) _____

State _____ Zip Code _____

Name of parents/guardian _____

Cell # _____ Home # _____

Work # _____ Email _____

Cabin Mate _____

CAMP DATES (check your camp date)

___ Boys Adventure (Gr. 6-8) June 6-8

___ Sr. High Camp (Gr.9-12) June 19-23

___ Jr. High Camp (Gr.7-8) June 26-30

___ Trailblazers (Gr. 6-7) July 3-7

___ Pathfinders (Gr.5-6) July 10-14

___ Deeper Impact (Gr.9-12) July 17-20

___ Kidz Camp (Gr.3-4) July 24-28

Camp T-Shirt Size

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- X-Large

CAMP FEES

Total Camp Fee is \$170.00 per camper

Canoe Fee (High School Only) is \$30.00 per camper

Boys Adventure Camp Fee is \$90.00 per camper

Deeper Impact is \$90.00 per camper

A Registration Fee of \$30.00 is required and will be applied to the total balance.

Only KIDZ & Pathfinders Camps offers a 'bank' system for campers. DO NOT SEND money for bank with this form. Money for your camper's bank is paid only at CHECK IN DAY.

\$30.00 Registration Fee (each camp) _____
(non-refundable/send with form)

\$140.00 Balance of Camp Fee _____

\$30.00 Canoe Trip Fee _____

Total Amount Enclosed _____

OFFICE USE ONLY

Check Amount _____ Ck.No. _____ Check Date _____

Name on Check _____

Cash Amount \$ _____ Date Received _____

Given by _____

Got Questions? Email us at
robin@camppearl.com or
angie@camppearl.com

PLEASE NOTE: Both sides of this form must be filled out and signed by the parents/legal guardians of the camper. Campers are not considered registered without this form and signatures. This medical page is given to our medical personnel for reference throughout the week. **NOTICE:** If you plan to have someone check your child out at any time, you must call our office (337-666-2443) or let us know at check in.

CAMPER'S NAME _____ AGE _____ BOY _____ GIRL _____

Date of Birth ____/____/____ Home Phone _____

Dad Cell _____ Mom's Cell _____

Emergency Contact Person (If you can't be reached) _____

Phone _____ Friend _____ Relative _____

Family Doctor _____ Phone _____

List medications your child will require while at camp. Meds are to be checked in with medical personnel during the Check In time. Please keep prescription meds in their original container. If your child needs OTC meds, please send in ziplocks labeled with your child's name on it. List below the meds your camper will need.

Medication	Dosage
_____	_____
_____	_____
_____	_____
_____	_____

List known allergies: _____

Approximate date of last Tetanus shot: _____

- I declare this information to be true and give permission for my child to be treated by a doctor in case of emergency.
- I give permission for OTC (over the counter) meds to be given if necessary. (Tylenol, Ibuprofen, Benadryl, Pepto Bismol, Cortisone cream)

Electronics - we ask that you leave all electronic devices at home (cell phones, iPods, laptops, etc.) Your camper has access to our office phone. We find that campers will rest much better if not pre-occupied with texting or games (especially at night).

Personal Appearance: Shorts are to be a modest length. Please do not bring 2 pc. swimsuits unless the top covers complete waist. We desire to honor God in our appearance. While at Camp Pearl we ask that you dress according to our standard where modesty is the best policy.

*Your signature below signifies your agreement with our policies and standards that have the best interest of your child at heart.

*Parent/Guardian _____ *Camper _____