

# CAMPER REGISTRATION FORM version 1.1

CAMP PENUEL EAST - PO BOX 510 - ELDRED, PA 16731 - (814) 225-3222

**ALL CAMPERS MUST BE BETWEEN THE AGES OF 7 TO 11 YEARS**

**BRING THE FOLLOWING TO CAMP:**

- Sleeping bag, Blanket or sheets
- Pillow
- Play Clothes
- Shorts and T-shirts
- Sweatshirts and Long Pants
- Jacket
- Towels and washcloths
- Soap and Shampoo
- Personal Toiletries
- Swim suit and Beach Towel

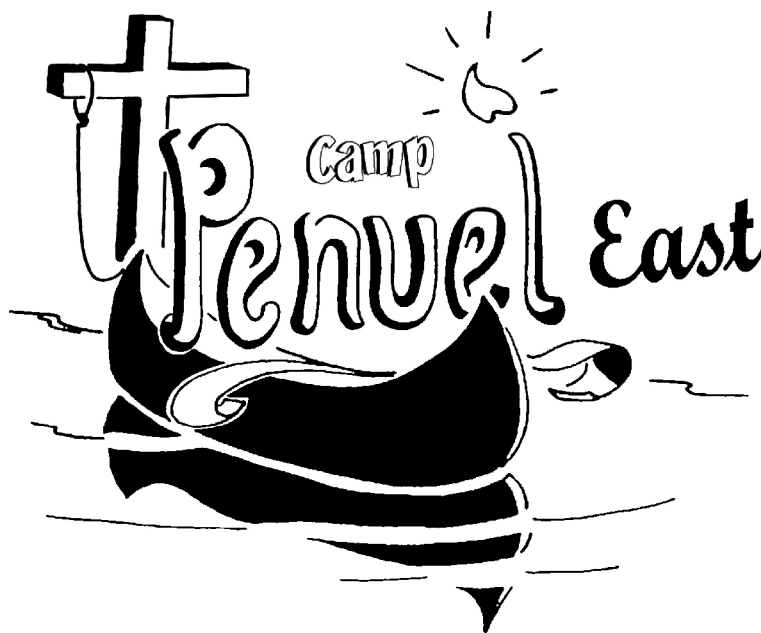
**DO NOT BRING THE FOLLOWING TO CAMP:**

- CD Players/ MP3 player etc.
- Jewelry
- Fireworks
- Knives or weapons or any type
- Money (you will not need any money)
- Things that you don't want to lose/get broken
- Snacks (no food allowed in cabins)
- Cell phone (they don't work anyway)

# CAMP PENUEL EAST

- HISTORY** Penuel has offered a camping program in Missouri since 1973 in Eldred, PA since 1994 and in Costa Rica since 2003.
- LOCATION** Camp Penuel East is located in Eldred, Pennsylvania.
- PURPOSE** Our main focus is inner-city and local children. There is no charge made to the children who come to camp.
- ACTIVITIES** Hiking, boating, swimming, daily chapel, crafts, skits, puppets, singing, Basketball, volleyball, foosball and group games
- CAMPERS** Children between the ages of 7 to 11 are welcomed
- AFFILIATIONS** The camp is nondenominational and works with various churches and community organizations.
- EXPECTATIONS** We expect campers to have a fun time in a safe environment. Campers are to conduct themselves in a safe, orderly and respectful manner and cooperate with the camp staff and counselors. Campers will participate in the day-to-day activities at camp.

**Our camping program is open to anyone regardless of race, color, religion, national origin, sex or handicap.**





# CAMPER REGISTRATION FORM

All information must be given by a parent or guardian. This form must be filled out completely.

Please print clearly

Campers Full Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
(All Campers Must be between 7 – 11 years old NO EXCEPTIONS)

Home Address \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

## Parents or Guardians

Name	Relationship	Home Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

## Person Other Than Parent to Contact In Case Of Emergency

Name	Relationship	Home Phone	Work Phone
_____	_____	_____	_____

Has the camper been to Camp Penuel before?  Yes  No

## TO BE READ AND SIGNED BY CAMPER:

I agree to follow the rules at Camp Penuel East and obey the staff members and counsellors while at camp.

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Fill Out Other Side)**

# HEALTH INFORMATION

CAMPERS NAME \_\_\_\_\_

First

Last

- 1. Does your child have any allergies?  Yes  No
- 2. Is your child subject to sleep walking?  Yes  No
- 3. Are there any foods your child should not eat?  Yes  No
- 4. Is your child subject to bed wetting?  Yes  No

If you have answered "Yes" to any of the above questions, then please explain below

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- 5. Date of last tetanus shot \_\_\_\_\_
- 6. Name of family doctor \_\_\_\_\_ Telephone # \_\_\_\_\_
- 7. What medical problems does your child have that camp personnel should be aware of?

8. All medication will be kept in the camp nurse's office. Does your child have any medication to take while at camp?

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

- 9. During a week at camp, we often find it advisable to use some over-the-counter medications in treatment of minor injuries or illnesses. The products used most often are listed below. If you do not want your child to receive the benefit of any of these, please cross them off.

Ammonia Inhalant	First Aid Spray	Caladryl Lotion
Mylanta	Pepto-Bismol	Hydrogen Peroxide
Maalox	Rubbing Alcohol	Cough Drops
Tylenol	Ibuprofen	Sterile Eye Wash
Children's Allergy Medicine	Visine Eye Drops	

**PLEASE READ: I grant permission for my child to attend Camp Penuel East. I grant permission for pictures of my child to be used in any camp publicity. I waive and release Camp Penuel East and its representatives from any and all claims and causes of action should my child or ward be injured during or travelling to and from camp. I grant permission for Camp Penuel East to administer or arrange for emergency medical treatment by ANY Hospital, emergency room, or medical personnel in the event of an accident, injury or illness. I agree to pay for all services provided for my child in my absence.**

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_