

CAMPER REGISTRATION FORM version 2.0

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:	DO NOT BRING THE FOLLOWING TO CAMP:	
☐ Sleeping bag, Blanket or sheets	CD Players/ MP3 player etc.	
☐ Pillow	Jewelry	
☐ Play Clothes	Fireworks	
☐ Shorts and T-shirts	Knives or weapons or any type	
☐ Sweatshirts and Long Pants	Money (you will not need any money)	
☐ Jacket	Things that you don't want to lose/get broken	
☐ Towels and wash cloths	Snacks (no food allowed in cabins)	
☐ Soap and Shampoo	Cell phone (they don't work anyway)	
Personal Toiletries	Portable video game devices	
☐ Swim suit and Beach Towel		
☐ Sun Block & Bug Spray		

IMPORTANT NOTE TO PARENTS OR GUARDIANS:

If your child will be bringing any medicine to camp, please put it in a Ziploc bag with your child's name written on it. Please send one bag per each child if you are sending more than one of your children.

Do not put any medicine in your child's luggage or with their bedding. All medicine must be turned into the coordinator before your child boards the bus.

We will post updates on each camp group (like arrival and departure time) and photos. To view the updates you can follow us on twitter & Facebook.



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. Some groups may ask you to help with their

transportation expenses, but the camp is completely free.

ACTIVITIES Hiking, boating, swimming, daily chapel, crafts, skits, puppets, singing,

Basketball, volleyball, foosball, Penuel Olympics and group games

CAMPERS Children between the ages of 7 to 11 are welcomed

AFFILIATIONS The camp is non-denominational and works with various churches and

community organisations.

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		Gender	
(All Campers Must be between 7 – 11	L years old NO EXCEPTION	IS)
Home Address			
	Number	Street	
	City	State	Zip
Parents or Guardians	5		
Name	Relationship	Home Phone	Work Phone
Name	Relationship	Home Phone	Work Phone
Person Other Than P	arent to Contact In Case Of	Emergency	
Name	Relationship	Home Phone	Work Phone
Has the camper beei	n to Camp Penuel before?	☐ Yes ☐ No	
TO BE READ AND SIG		obey the staff membe	ers and counsellors while at camp
	•		
Camper's Signature:			Date:

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? \(\subseteq\) Yes \(\subseteq\) 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 5. Date of last tetanus shot_____ ______ Telephone #______ 6. Name of family doctor 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? Don't forget to put all medicine in a labelled Ziploc bag and turn it in to the coordinator before you're child gets on the bus. Medication: _____ Dosage: _____ Time of Day: _____ 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 Rubbing Alcohol Maalox 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, demands, injuries, cost, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp, or 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.

Parent/Guardian Signature: _______ Date: ______

Insurance Company Name: ______ Policy #:____