



CAMPER REGISTRATION FORM 2022

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

ALL CAMPERS MUST BE BETWEEN 7 AND 11 YEARS OLD

BRING THE FOLLOWING TO CAMP:

We suggest labelling everything with child's name.

- Sleeping bag or blankets
- Twin fitted sheets & Pillow
- Play Clothes
- Shorts and T-shirts
- Sweatshirts, Long Pants & Jacket
- Towels and wash cloths
- Soap and Shampoo
- Personal Toiletries
- Swimsuit and Beach Towel
- Sun Block & Bug Spray

DO NOT BRING THE FOLLOWING TO CAMP:

We are not responsible for lost, stolen, or damaged items.

- ✗ Phones or tablets (they don't work anyway)
- ✗ Jewelry
- ✗ Fireworks
- ✗ Knives or weapons or any type
- ✗ Money (you will not need any)
- ✗ Snacks (no food allowed in cabins)
- ✗ Portable video game devices
- ✗ Anything you don't want to lose/be damaged

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 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 or checked in with the nurse at Camp drop-off.

We will post important information (like arrival and departure time) and lots of photos! To view the updates, you can follow us on Facebook.

Find us on  /penueleast

Keep this page for your reference



CAMP PENUEL EAST

HISTORY

Penuel, Inc. 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 cost for the children to 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, Penuel Olympics, group games and more!

CAMPERS

All children between the ages of 7 to 11 are welcome.

AFFILIATIONS

The camp is non-denominational 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.

CALLING HOME POLICY

*New for 2022

We expect campers to be nervous about being away for a full week, especially first-time campers! However, we will no longer allow campers to make non-emergency phone calls. If you would like more information on this policy, please call the Camp Directors.

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 _____ Gender _____ Grade Entering _____
(All Campers Must be between 7 – 11 years old NO EXCEPTIONS)

Home Address _____
Number Street

City State Zip

Parents or Guardians

Name Relationship Cell Phone Other Phone

Name Relationship Cell Phone Other Phone

Person Other Than Parent(s) to Contact in Case of Emergency

Name Relationship Cell Phone Other Phone

Does the child regularly attend a church? Yes No

Church Name: _____
(If not, we would like to connect you with a local church after camp is over!)

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 counselors while at camp and do my best to get along with other campers.

Camper's Signature: _____ Date: _____

HEALTH INFORMATION

CAMPERS NAME _____

First

Last

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does your child have any allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your child subject to sleep walking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are there any foods your child should not eat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is your child subject to bed wetting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your child have asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

9. 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 your child gets on the bus or at Camp drop-off.

Medication: _____	Dosage: _____	Time of Day: _____
Medication: _____	Dosage: _____	Time of Day: _____
Medication: _____	Dosage: _____	Time of Day: _____
Medication: _____	Dosage: _____	Time of Day: _____

10. 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/Burn Spray | Calamine Lotion |
| Mylanta or Maalox | Pepto-Bismol | Hydrogen Peroxide |
| Tylenol | Rubbing Alcohol | Cough Drops |
| Children's Allergy Medicine | Ibuprofen | Sterile Eye Wash |
| Bug Spray with DEET | Visine Eye Drops | Sunscreen Lotion |

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, The Big Loop and their 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.

Insurance Company Name: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____