



CAMP CONQUEST

480 Forest Road, Denver, PA 17517
 717.336-2541 voice • (717) 336 2678 fax • info@campconquest.org
www.campconquest.org

2008 Summer Camp Registration

Camper Name _____ Age _____ M / F

Birthdate _____ Home Phone () _____

Street _____

City _____ State _____ Zip _____

Parent Name _____ Cell Phone () _____

Emergency Contact _____ Cell Phone () _____

Parent's Email _____ Church _____

Cabin Mate Request _____

Information for the Counselor _____

Family Physician: _____ Phone () _____

Address: _____

Insurance Company: _____

Address: _____

Policy Number: _____

(please check appropriate box)

6 Day Programs	Sunday 2pm to Friday 6pm	Cost
<input type="checkbox"/> Quest Camp	Ages 13 to 15 June 15-20	\$225.00
<input type="checkbox"/> Adventure Camp	Ages 10 to 12 June 22-27	\$225.00
<input type="checkbox"/> Explorer Camp	Ages 9 to 11 June 29-July 4	\$225.00
4 Day Programs	Sunday 2pm to Wednesday 6pm	
<input type="checkbox"/> Pioneer Camp	Ages 7 to 9 July 6-9	\$205.00
<input type="checkbox"/> Horsemanship	Girls 15-18 July 6-9	\$225.00
<input type="checkbox"/> Marksmanship	Boys 15-18 July 6-9	\$225.00
3 Day Program	Sunday 2pm to Tuesday 6pm	
<input type="checkbox"/> Wilderness Camp	Girls 8 to 11 June 22-24	\$175.00
<input type="checkbox"/> Wilderness Camp	Boys 8 to 11 June 29-July 1	\$175.00

DISCOUNTS:

Early: Registrations received prior to May 1 will receive a \$5 discount.

Family: Each family member after the first will receive \$10 discount up to the 4th sibling.

Financial Assistance: Limited campership funds are available. Contact the camp office for an application.

Does the camper have any physical considerations which would limit his/her involvement in the total camping program or require additional assistance?

Are there any medications to be administered at camp? Please list name, dosage, frequency. Must be given to the health care staff in the original container.

Please list any known allergies.

Additional information for the Health Care staff.

Date of last Tetanus shot: _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Dear Registrar,

Please register my child for the camping program checked above. I hereby grant permission for my child to participate in all activities, to receive emergency medical treatment and to be included in any photograph and/or video productions used to promote Camp Conquest.

Enclosed is a \$75 non-refundable, non-transferable deposit per camper is due with this registration and will be applied to the balance of the camp fee. Any discount will be applied to the fee balance.

 Signature of Parent/Guardian

Important Note: Please send separate registration form for each camper. Registration fee must be submitted with completed registration at least two week prior to camp session. Checks should be made payable to: **Camp Conquest, 480 Forest Road, Denver, PA 17517**