



# July 8th - 12th 2013

Serving Youth, Families and the Developmentally Disabled for over 65 years

## REGISTRATION FORM

**Please read and complete all portions of this registration form.**

Please complete one form for each child attending. Call or email us any questions you have regarding the program or registration forms.

Phone: (570)663-2419 Email: abc@arrowheadministry.org

Office Use Only	
Name:	
Gender:	Age:

### FAMILY INFORMATION:

#### Father/Guardian:

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

#### Mother/Guardian:

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

### MAILING ADDRESS OF FAMILY:

Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SECONDARY CONTACT:

Name \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Relationship \_\_\_\_\_

### TRANSPORTATION INFORMATION:

Check one of the following transportation options

- I will drive my child(ren) to camp [9:00 am DROP OFF - 5:00pm PICK UP]
- I require the in-town drop point and bus transportation to and from camp (at the Arrowhead Parable Bookstore)

Note: The in-town drop point is at Arrowhead Parable Store - One Harry L. Drive, Johnson City. Drop off starts at 8:00am. The bus will leave at 8:30am. The bus will return for pick up at 5:30pm. Pick up ends at 5:45pm. Parents who are LATE will be charged \$5.00 after being 10 minutes late. Thereafter, an additional charge of \$1.00 per minute will begin. The individual dropping your camper(s) off in the morning must provide the name of who will be picking up your camper(s). That individual must present a photo ID at Pickup, NO EXCEPTIONS!

### DAY CAMP COST:

- Tuition per family: Rates are applied to immediate family members.
  - 1st Child - \$150
  - 2nd Child - \$125
  - 3rd Child - \$100
  - 4 or more Children - \$110 per child
- In-town Pick up/Drop off - FREE
- Registration Fee: Registrations must be accompanied by a \$25.00 Non-refundable deposit **per child**. Make checks payable to Arrowhead Bible Camp.



## CAMPER INFORMATION:

Camper Name \_\_\_\_\_ Sex \_\_\_\_\_ Street \_\_\_\_\_  
Date of Birth (MM-DD-YY) \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Request to be in a group with \_\_\_\_\_ Please choose only 1 friend who must also choose you.  
How did you hear about Arrowhead Day Camp? \_\_\_\_\_

## HEALTH HISTORY:

A physician's examination is not required. We do require full disclosure of your child's current health.  
Please inform the camp office in writing of any changes to your child's health prior to their arrival at camp.

Camper Name \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

asthma    epilepsy    diabetes    allergies (food, drug, other)

Any over-the-counter Medication restrictions? \_\_\_\_\_

Does the camper take any medications?    Yes    No

Will the camper be taking any medications while at camp?    Yes    No

If YES, Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Any Physical (swimming, archery, games) restrictions while at camp? \_\_\_\_\_

## PARENT'S/GUARDIAN'S AUTHORIZATION:

I hereby give consent for my child to participate in the full Arrowhead program and all activities unless I advise you in writing. I give permission for Arrowhead Day Camp to use any photograph of my child for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Arrowhead Day Camp / Arrowhead Ministries, Inc. and its employees and volunteers from any liability concerning my child's involvement in the Arrowhead Day Camp / Arrowhead Ministries, Inc. programs and further agree that the use of all Arrowhead Day Camp / Arrowhead Ministries, Inc. facilities is made at the risk of the registrant. In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Note: Every effort will be made to contact a parent/guardian in the case of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent Signature)

## PLEASE NOTE:

- < Registrations must be accompanied by a \$25.00 Non-refundable deposit per child to reserve their spot.
  - < Registrations may be mailed to: Arrowhead Bible Camp, 122 Arrowhead Cottage Road, Brackney, PA 18812.
  - < The Camp Administration reserves the right to dismiss a camper who in their opinion is a hazard to the safety or rights of others or who appears to have rejected the reasonable expectations of the camp.
  - < A confirmation letter with directions and "what to bring" will be sent after we have received your registration form and deposit.
  - < Please call the Camp Office if you have not received a confirmation within 2 weeks. You may also call and request directions and the "what to bring" information.
  - < Please call with any questions or comments about this form or the Day Camp Program
- Ben Myers: Camp Manager - 570.663.2419

OFFICE USE ONLY	
Registration	_____
Medical	_____
Check \$	_____
Check #	_____

# MEDICINE ADMINISTRATION FORM

Camper's Name: \_\_\_\_\_

Instructions: (please print)

1. List each medication the camper must take while at camp.  
Each camper must have their own form.
2. Please only send medications to camp that are necessary.
3. Make sure that directions on pill bottles match what is written on this form.

## ADMINISTRATION INFORMATION

Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Place camper's medicine in a bag and label with his/her name. Attach this form to the bag.  
List any special instructions regarding medicine below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ARROWHEAD BIBLE CAMP

122 Arrowhead Cottage Road, Brackney, PA 18812

Ph: 570-663-2419 | Fax: 570-663-2903 | Email: abc@arrowheadministry.org

[www.arrowheadministry.org](http://www.arrowheadministry.org) | [www.shepherdscamp.org](http://www.shepherdscamp.org)

