

CAMP NAZARETH APPLICATION 2013

JUNE 9 - 15, 2013

PLEASE PRINT OR TYPE

SESSION APPLYING FOR: _____ KIDS KAMP _____ TEEN CAMP
(Completing grades 2-5) (Completing grades 6 -12)

NAME _____ CURRENT GRADE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE (____) _____ Email _____ AGE _____ DATE OF BIRTH _____
SEX (circle) F M TEE SHIRT SIZE *Please circle one* Child S M L Adult S M L XL XXL XXXL
CHURCH _____ Clergy/Warden Signature _____

FORM ON BACK MUST BE READ AND SIGNED

P A R E N T A L C O N S E N T

INSURANCE CO. _____ GROUP # _____ PLAN # _____

PARENT'S NAME _____ PHONE: DAY _____ NIGHT _____

EMERGENCY CONTACT(S) _____ RELATIONSHIP _____

EMERGENCY CONTACT _____ PHONE: DAY _____ NIGHT _____

DOES YOUR CHILD HAVE ANY PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES ? (IF YES, PLEASE EXPLAIN)

IS YOUR CHILD ALLERGIC TO ANY MEDICATION? (IF YES, PLEASE LIST)

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? (IF YES, PLEASE LIST)

IS THERE ANY FOOD YOUR CHILD SHOULD NOT EAT FOR MEDICAL REASONS? (IF YES, PLEASE LIST)

In case of a medical emergency, I permit the representatives of the Episcopal Diocese of NWPA to obtain or authorize emergency medical/dental treatment for my child. I further authorize the medical personnel selected by the adult advisors of the Camp Program to administer such emergency treatment, including injections, anesthesia or surgery as they deem necessary. I understand that I will be notified of this emergency as soon as possible.

PARENT'S SIGNATURE _____ DATE _____

**APPLICATION SHOULD BE ACCOMPANIED BY
REGISTRATION FEE OF \$25.00 OR FULL PAYMENT OF \$325 or \$275 (SEE NOTE ON PAGE 2)**

**CHECK PAYABLE: THE DIOCESE OF NORTHWESTERN PENNSYLVANIA
and**

MAIL TO:
Summer Camp
The Rev. Dennis A. Blausen
215 Dermond Road
Hermitage, PA 16148

APPLICATION MUST BE POSTMARKED NO LATER THAN MAY 25, 2013

