

Registration For Camp

Please send this form with your registration fee.

Name of Camper: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Grade Completed: _____ Church: _____
(Optional) One friend I would like to be in the same cabin with is: _____

We ask that registrations be sent in by May 15th. We anticipate that the camp will be full again this year, so the registrations will be taken on a first come/first serve basis.

Health Information

Date of last Tetanus Booster: _____
Medications needed for what and usage: _____

Known allergies: _____
Menu Restrictions: _____
Camp activity limitation: _____

Designated Adult

Emergency contact—parent, legal guardian or other adult

Name: _____
Relationship to camper: _____
Home phone: _____ Work: _____
Cell: _____ Other: _____

Emergency medical care authorization

I understand that all due precaution will be taken, but in spite of this, accidents can happen and illnesses develop; therefore, I will not hold camp leaders or directors liable for an illness or accident resulting from the above-named child's camp experience. In case of a medical emergency, I hereby give permission to the physician selected by the camp leaders or directors to hospitalize, and secure proper treatment for and to order injection, anesthesia, or surgery for the child named above.

Parent or Guardian's Signature: _____ Date: ____/____/____

Camp Rules

No non-prescription drugs, alcohol or tobacco. Modesty in dress is always expected. No inappropriate ads on shirts. Please leave radios, I-pods, CD Player, laptops etc. at home.

Cost: \$290.00 (campers riding the bus)
****Only 1 suitcase, 1 backpack, sleeping bag and pillow for each camper****

Make Checks payable to: OPC PCA Camp

*~ Do not send any extra money for day away etc. with this form.
~ If traveling by bus from Lennox there is an additional \$40.00 charge included in registration cost.*

Send your registration and payment to:

OPC PCA Bible Camp
c/o Lennox Ebenezer Presbyterian Church
PO Box 632
Lennox, SD 57039

(For office use only)

Date form received: _____

Amount paid: _____

Cash Check No. _____