

MILFORD PARK TEEN & KID'S CAMP REGISTRATION – 2019 Room No. _____

NAME _____ M/F _____ DATE OF BIRTH _____
 ADDRESS _____ AGE ON JULY 21 – Teen Camp
 _____ AGE ON JULY 28 – Kids Camp
 CITY _____ STATE _____ ZIP _____ PRIMARY PHONE _____ S M L XL
 _____ Circle T Shirt Size
 EMAIL ADDRESS _____
 CHURCH _____ CITY _____ WORK, CELL OR OTHER DAYTIME PHONES _____
NEW camper at Milford Y/N _____ CHOICE OF ROOMATES _____

() **TEEN CAMP - AGE 12 - 17** () **KID'S CAMP - AGE 6 - 11** **REGISTRATIONS MUST**
JULY 21 – 26, 2019 **JULY 28-AUG. 2, 2019** **BE RECEIVED ONE WEEK**
Register BEFORE JUNE 21 - \$195.00 **Register BEFORE JUNE 28 - \$185.00** **BEFORE CAMP BEGINS,**
Register AFTER JUNE 21 - \$215.00 **Register AFTER JUNE 28 - \$205.00**

Bring TWO (2) NEW campers to Milford and **COME FOR FREE**

MILFORD PARK BIBLE CAMP FAMILY DISCOUNT \$ _____ Amount to be paid by Parent
 6451 Chestnut St, (Rts. 29-100), Zionsville PA 2nd Camper \$10.00 \$ _____ Amount to be paid by Church
Mailing Address: 3848 BRUNNER CT 3rd “ \$10.00
 WHITEHALL, PA 18052-3370 4th “ \$10.00 \$ _____ Total Amount enclosed

FOR MILFORD PARK STAFF ACCOUNTING USE ONLY			PARENTS & CAMPERS DO NOT WRITE IN THIS BOX	
Date Registration Received	Counselor Child	Amount Due	Check No.	Amount Paid
_____	Scholarship \$ _____	\$ _____	# _____	\$ _____ By Parent
_____	_____ \$20.00 Early Reg. Disc.	\$ _____	# _____	\$ _____ By Church

Milford Park Camper Medical Information and Release Form

Name _____ M/F _____ Birth Date _____
 Address _____
 City, State, Zip _____
 Home Phone # _____ Cell or Work Phone # _____
 Emergency Contact Name: _____ Relationship _____
 Phone # _____ Primary Insurance Co. _____
 Child's Physician _____ Phone # _____
 Medical conditions (physical or mental limitations) _____

Regularly administered medications: _____ Date of child's last Tetanus: _____
 Name: _____ Dosage: _____ Time: _____

Allergies: (check those which apply and specify nature of allergic reaction)
 Bee Stings _____
 Pollen/Dust _____
 Foods _____
 Plants _____
 Medicines _____
 Other _____

The individual camper's Blue Cross, Blue Shield, HMO, or other insurance carrier is primary to our insurance. Even though our insurance coverage is secondary, in case of any incident, a report form (available in the Milford Park office) must be completed and submitted to: Jay Reinhard or Jerald Lagler within twenty four (24) hours of occurrence. Our insurance carrier will not honor any claims presented at a later date.

Parent's Authorization All the information provided here is accurate and true to the best of my knowledge. I give my permission for my child to engage in all camp activities except as noted. In the event that I cannot be reached in an emergency, I give my permission to the medical professionals selected by the Camp Nurse to hospitalize, secure treatment for, and order injections, anesthesia, surgery or other necessary procedures for my child. I understand I am responsible for the cost of any such medical treatment. I give permission for the Camp Nurse to dispense any prescription medications which I send with my child, as well as over-the-counter medications as needed. I also give permission for Milford Park to use my child's picture in camp promotional materials.

Parent or Guardian Signature _____ Date _____