

**RELEASE AGREEMENT:
for Edinboro Conference Grounds**

I hereby give my permission for my child to participate in the programs and activities of Edinboro Conference Grounds.

This includes transportation for camp outings as well as the use of photographs of my child for camp promotion.

I understand that every caution will be exercised by camp personnel to prevent injury, but that many of life's activities have inherent dangers. In the event of a medical emergency involving my child, I authorize any hospital/medical treatment deemed necessary by the physician selected by the Conference Grounds personnel. I realized that every attempt will be made to contact me immediately at the emergency numbers I have listed. Permission is given to contact our Family Doctor listed on this form.

I acknowledge that Edinboro Conference Grounds does not provide accident insurance coverage for my child while involved in the camp's activities.

My family's insurance provider will be used for any coverage so needed. My signature below indicates my agreement and understanding of this release along with the release of liability to Edinboro Conference Grounds, its Director, staff and the Western PA District of the Christian & Missionary Alliance.

Parent or Guardian Signature: _____ Date: _____

**POLICIES:
for Edinboro Conference Grounds**

- Open to all nationalities regardless of race or ethnic background.
- No tolerance policy for: tobacco products, drugs, alcohol, & or weapons.
- Reserves the right to set standards of conduct for all campers. Campers who violate these standards may be subject to immediate dismissal at parent's expense.
- Reserves the right to refuse admittance to any camp week or event based on camp determined justifiable cause
- Does NOT allow campers: radios, tape/CD/MP3 players, TV/DVD, hand-held electronic games, computers.
- ALL VISITORS must make their presence known to the director upon entering the campground
- Lost & Found items will be held for 2 months. Requested items will be mailed C.O.D.
- All camper prescription medications must be brought to camp in their original container.

RESIDENCE

	Age	Date	Cost
<input type="checkbox"/> Training in Ministry (TMM)	12-16	June 13-18	\$190
<input type="checkbox"/> Explorers**	6-7	June 16-18	\$105
Trailblazers	8-9	June 18-24	\$220
Pathfinders	10-11	June 25 - July 1	\$230
Adventurers	12-14	July 2 - 8	\$240
Teen Week	15-18	July 9 - 15	\$255
Base 1 Camp	13-15	July 16 - 22	\$300
Base 2 Camp	15-18	July 23 - 29	\$320

DAY CAMPS:

Day Camp 1	5-Gr.5	June 19 - 23	\$130
Day Camp 2	5-Gr.5	June 26 - 30	\$130

Lunch option per week \$25 or bring a sack lunch

CAMPER INFORMATION:

Name of Camper ▼ Male Female

Address ▼ _____

City ▼ _____ State ▼ _____ Zip ▼ _____

School Grade Completing in June 2017 ▼ _____ Date of Birth ▼ _____ Age ▼ _____

Insurance Co. ▼ _____

Policy # ▼ _____ Group # ▼ _____

Family Dr. ▼ _____ Phone ▼ _____

Regular Medications
All medications to be given at camp must be given to the camp nurse at registration. Parents are responsible for the pickup of medications at the end of camp. ▼ _____

My child may or may not be given over the counter meds at the nurse's discretion ▼ _____

Allergies ▼ _____

Date of last tetanus shot ▼ _____

Please list any special conditions/restrictions (physical, mental, emotional, or behavioral) or recent illness/injuries that our staff should be aware of. ▼ _____

FAMILY INFORMATION:

Father's Full Name (print please) ▼ _____

Best Number to Reach You ▼ _____

Email Address ▼ _____

Mother's Full Name (print please) ▼ _____

Best Number to Reach You at ▼ _____

Email Address ▼ _____

Church Name ▼ _____

Church Address ▼ _____

City ▼ _____ State ▼ _____ Zip ▼ _____

Pastor's Name ▼ _____

Cabin Mate Request ▼ _____

T-Shirt Size (circle one)
Y-S Y-M Y-L A-S A-M A-L A-XL A-XXL

Payment Method ▼ _____
 Master Card Visa Discover Check # _____

Card # _____

Exp. Date / / 3-digit # on back of card _____

Name on Card (print please) ▼ _____

Name on Card Signature ▼ _____



Edinboro Youth Camp
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edinborocamp.com



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