

# Camper Registration for Pioneers For Christ Camp 2010

deposit of \$50 by July 18th / please makes checks payable to "PFC Camp"

- Children's Camp: grades 2-7: August 1 (Sun 2:30pm) – August 6 (Fri 12:30pm at KoBaWoo)
- Youth Camp: grades 8-12: August 8 (Sun 2:30pm) – August 14 (Sat 12:30pm at KoBaWoo)

English Name \_\_\_\_\_ Korean Name \_\_\_\_\_

Gender  F  M Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in September \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Camper Cell Phone (\_\_\_\_) \_\_\_\_\_

Fee Enclosed  Registration Deposit of \$50 (balance to be paid later)  Children's Camp (\$300)  Youth Camp (\$320)

Camper Email \_\_\_\_\_

t-Shirt Size Youth/Adult (circle one) xSM SM M L xL xxL xxxL \_\_\_\_\_

## church information

Church \_\_\_\_\_

Church Leader \_\_\_\_\_ Phone / Email (\_\_\_\_) \_\_\_\_\_

## miscellaneous information

How did you find out about Camp \_\_\_\_\_

Comments/Suggestions \_\_\_\_\_

## complete for each camper

- This form is required of every camper to participate at Camp .
- This must be completed, signed and dated by the camper's parent or guardian.

Parents' or Guardian's Name \_\_\_\_\_

*I hereby give permission to the Pioneers For Christ (Administered by Genesis) Bible Camp at Camp Men-O-Lan to secure emergency and surgical treatment and to provide routine, non-surgical medical care for the minor child named on the reverse side, while attending Camp. (Parents will be notified as soon as possible in the event of Hospitalization or serious injury or sickness.)*

Parent/Guardian's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Are there any physically or health limitations we should be aware of?  
\_\_\_\_\_

Are there any behavioral considerations we should be aware of?  
\_\_\_\_\_

Medical Conditions/Medications Taken  
\_\_\_\_\_

## health insurance

Your Family Health Insurance Coverage is the primary carrier for your child even when at Camp, and hence, we request the following insurance information to better coordinate insurance payments of medical services in the event of sickness or accident. Our Camp insurance will pay the first \$50.00 of any claim, the remainder by your Insurance carrier. Camp Insurance will also pay to its limits if you do not have Health and Accident Insurance. In the event of an accident or injury at Camp, please notify your Insurance carrier that a claim may be pending. Please be reminded that the parents/legal guardians of each camper at Camp must take full responsibility (monetary, and otherwise) over any accidents or physical incidents that must be medically addressed while at the Camp, regardless of whether or not you are insured.

Do you have health insurance:  Y  N

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

in signing below, the camper commits to "cheerfully observe all the rules and regulations" of the Pioneers For Christ | Genesis' program at Camp Men-O-Lan

Camper's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_