

CAMP BEETREE

FOOD—FAITH—FRIENDS

CAMPER & CIT REGISTRATION FORM - due May 15th

Child's Name: _____

Parent's Name(s): _____

Address: _____ City/State: _____ Zip: _____

Email(s): _____

IN CASE OF EMERGENCY phone numbers:

Best number is: _____ home/cell/work to reach: _____

Next number is: _____ home/cell/work to reach: _____

Third number is: _____ home/cell/work to reach: _____

In addition to parents, children may be released to _____
phone number: _____

Do you give permission to Towson Presbyterian Church to include photos of your child(ren) on our brochure, website or through in-house sharing? Yes No

Our camp is made possible by volunteers and we need more help! Please let us know how you can help by completing the **Volunteer Form**.

Parent Signature

Date

Please complete a medical information form for each participant

___ Campers: (Grades K-5) \$175 per child by May 15th \$ _____

___ Child(ren): 5 days of aftercare (3:15-5pm) \$50 per child \$ _____

___ CIT: (Grades 6-12) \$100 per child by May 15th \$ _____

Discounts

Adult volunteer \$25 (applied to one camper/CIT only) -\$ _____

Sibling \$10 (applied to first camper) -\$ _____

TOTAL ENCLOSED

\$ _____

Checks payable to: **Towson Presbyterian Church**

T-Shirt Size: Child—Small _____ Medium _____ Large _____

T-Shirt Size: Adult-- Small _____ Medium _____ Large _____ XL _____



Scholarships available. Call Jenness Hall at 410.823.6500

Registration and medical forms can be emailed to Kathryn Bojanowski at Kathryn@towsonpres.org or mailed to the TPC address below:

Towson Presbyterian Church

400 W. Chesapeake Avenue, Towson, MD 21204 • 410.823.6500

www.towsonpres.org • www.facebook.com/campbeetree

MEDICAL FORM (please fill one form per participant)

Participant Name: _____ Grade as of May 2018: _____

Nickname: _____ DOB: _____

Allergies: _____

Current Medications: _____

Need to take medications at camp? Yes No

Please tell us of any medical conditions/activity limitations/precautions:

Insurance Info:

Doctor's Name: _____

Doctor's Phone: _____

I understand that, in an emergency, every attempt will be made to contact an immediate family member. However, in the event that one cannot be contacted, I request and authorize medical personnel associated with TPC's Camp BeeTree to provide all reasonably necessary medical care for my child including, but not limited to, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

Parent Signature

Parent Name PRINTED

Date