

# CAMP BEETREE 2019

## God's Amazing Creatures

### 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) \$185per church member's child by May 15th

# \_\_\_ Campers (Grades K-5) \$200 per nonchurch member's \$ \_\_\_\_\_

# \_\_\_ 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 2019: \_\_\_\_\_

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