

### Camp Information:

Please place an "X" in the appropriate box.

<input type="checkbox"/>	God's Amazing Animals	Grades K - 1	\$15
<input type="checkbox"/>	Christian Olympics	Grades 2 & 3	\$80
<input type="checkbox"/>	Back To The Start	Grades 4 & 5	\$140
<input type="checkbox"/>	Fruit Of The Spirit	Grades 6 & 7	\$140
<input type="checkbox"/>	Revolution	Grades 8 & 9	\$140
<input type="checkbox"/>	It's Not About Me	Grades 10 -12	\$140
<input type="checkbox"/>	Ladies Retreat		\$40
<input type="checkbox"/>	Men's Retreat		\$40

Mail completed registration form AND \$10 deposit to:

**Deep Valley Christian Service Camp  
1073 Studebaker Rd.  
Slippery Rock PA 16057**

### The Nurse Is In....

#### IN CASE OF EMERGENCY

I hereby give permission to the physician selected by camp management to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this form. I understand however that every effort will be made to contact me in the case of such emergency, and if possible, before such medical treatment is administered.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_/\_\_/\_\_

Health Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Are you presently taking medications of ANY kind?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please give a description of your medication and illness if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you ALLERGIC to anything? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are seriously allergic to insect stings or bites, you are strongly urged to bring a sting kit to camp. The nurse will store this kit for you.**

INSURANCE COVERAGE: Deep Valley provides a secondary insurance policy for all camp participants.

Parents'/Guardians' insurance policy will be used as PRIMARY coverage. Our insurance company will pay to the Stated Policy Limit, any covered costs incurred while providing medical attention, that are not paid by Parents'/Guardians' insurance, or by any other policy providing coverage to the camper participant.

**OFFICIAL USE ONLY**

Fee \$ \_\_\_\_\_  
Pre-Reg. Date \_\_\_\_\_  
Paid Cash - \$ \_\_\_\_\_  
Paid Ck# \_\_\_\_\_ - \$ \_\_\_\_\_  
Church Voucher - \$ \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_

**Camp Day**

Canteen + \$ \_\_\_\_\_  
Church Voucher - \$ \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_  
Paid Cash - \$ \_\_\_\_\_  
Paid Ck# \_\_\_\_\_ - \$ \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_

**Camp Registration Form - 2008**

**Camper Information:** *(Please Print)*

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Male: \_\_\_\_\_

**Family Information:**

Father's Full Name: \_\_\_\_\_  
Mother's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Church Name: \_\_\_\_\_