



# 2019 APPLICATION FOR SB2W DAY CAMP

Entering Grades 3-8 in the 2019-2020 school year

June 17-28, 2019 from 8:30 am to 4:30 pm

**(camp will dismiss early on June 28<sup>th</sup> as the camp awards ceremony will be held at 11:30am with dismissal to follow)**

Website: [www.covenantsharon.org](http://www.covenantsharon.org) Facebook: Covenantsharon

Mail To: Summer's Best Two Weeks, 263 E. State St. Sharon, PA 16146

Phone: 724-981-3535 Email: office@covenantsharon.org

FOR OFFICE USE ONLY

Application Received \_\_\_\_\_

Accepted \_\_\_\_\_

Waiting List # \_\_\_\_\_

Rec. \_\_\_\_\_ ck# \_\_\_\_\_

Sch. \_\_\_\_\_

Day Camp tuition is \$125.00 and checks should be made payable to Covenant Presbyterian Church at the above address. Siblings from the same household are eligible for a discount. The first child pays \$125 and additional children are \$100 each. If you are in need of financial assistance (partial or full) please contact the church office at the phone number above and request to speak with Samantha Rainey. Application and other forms must be filled out in their entirety or they will be sent back to you for completion. Your child will not be enrolled until your completed (signed multi-page) application and tuition are received.

Please note that campers are admitted on a first-come, first-served basis. We are able to effectively serve 120 campers (60 girls and 60 boys). After that number is reached, camp applications are placed on a waitlist and campers are notified of this status. Applications are available in early spring for the next year's camp.

**Refunds for cancellation of application cannot be made after May 1, 2019.**

Camper's Name \_\_\_\_\_ Name camper wishes to be called \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade (current) \_\_\_\_\_ Male or Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Are both parent's living? \_\_\_\_\_ Is camper living with both parents? \_\_\_\_\_

If not, with whom? \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Contact Info. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Contact Info. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

In case of emergency (if parent/guardian can't be reached) notify \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you or an immediate family member attended Day Camp before? Yes/No \_\_\_\_\_ Last Year Attended \_\_\_\_\_

If yes, were you or your family member a Roman (red)? \_\_\_\_\_ Galatian (blue)? \_\_\_\_\_ (Once on a team, you cannot switch)

Camp T-shirt size:

Youth sizes – S (6/8) \_\_\_\_\_ M (10/12) \_\_\_\_\_ L (14/16) \_\_\_\_\_

Adult sizes – Sm \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Please list 1 or 2 friends/family with whom you would like to be in a squad \_\_\_\_\_

(Requests are not guaranteed but will be granted whenever possible, should be no more than 1 grade older/younger)

**SB2W can be kept affordable because of our wonderful network of volunteers. I can donate some time doing . . .**

\_\_\_\_ Prayers for SB2W \_\_\_\_\_ Picture Taking \_\_\_\_\_ Senior Counselor housing

\_\_\_\_ Driver (own vehicle) \_\_\_\_\_ Craft assistant \_\_\_\_\_ Hospitality Donations for counselors  
(Monetary donations are accepted)

\_\_\_\_ Other

**\*\*If you choose to volunteer (except donations) we must have the proper PA state clearances on file for you. If we do not already have clearances on file we will be in touch with information on how to obtain them.\*\***

Summer's Best Two Weeks  
Agreement/Waiver/Release Form

As the Parent/Legal Guardian of \_\_\_\_\_ (Full Legal Name), I have been informed of the details regarding Summer's Best Two Weeks and I hereby give my permission for the subject of this release to participate in the overall activities of this camp.

By signing on each of the lines below, I have carefully read the statement and fully understand their contents. I am aware that this contract fully releases the participating church and organizations, its leaders, employees, and volunteer staff from liability; and I sign it of my own free will.

I agree to have my child attend at least 80% of the time at camp. I also agree that if my child does not attend at least 80% of the time at camp that he/she will not be able to attend camp next year.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I understand that all reasonable safety precautions will be taken at all times by the Summer's Best Two Weeks leadership during the events and activities. I understand, however, that there is the possibility of unforeseen hazards and am keenly aware that there is always the inherent possibility of risk involved. I agree not to hold the participating church, organizations, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries sustained by the subject of this form; and I agree to waive any claim or any lawsuit against the participating church, its leaders, its employees, or its volunteer staff.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I give my permission for photos and videos of the subject of this release to be used in presentations, promotional materials and on the internet for the ministry of Summer's Best Two Weeks.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Summer's Best Two Weeks**  
**MEDICAL AUTHORITY STATEMENT**

CAMPER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PARENTS NAMES/PHONE NUMBERS:**

MOTHER'S NAME \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

**FIRST PERSON OTHER THAN A PARENT TO CONTACT IN CASE OF AN EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**SECOND PERSON OTHER THAN A PARENT TO CONTACT IN CASE OF AN EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Please answer the following questions:**

List any additional concerns regarding the camper: \_\_\_\_\_

**LIST THE NAME OF THE INSURANCE COMPANY THAT COVERS THE CAMPER:**

(Please indicate if the camper is not covered under an insurance policy. All medical/dental costs and expenses will be sent directly to the Parent or Legal Guardian)

NAME OF INSURANCE COMPANY \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_ ID # / POLICY NUMBER \_\_\_\_\_

*In case of a medical emergency, you will be contacted as soon as possible. If we are unable to reach you, we will obtain medical treatment for your child. Please sign if this is agreeable to you. I hereby authorize my son/daughter to ride in any vehicle that is driven by an adult who has been delegated by an adult in whose care my child has been entrusted while attending and participating in the activities sponsored by Covenant Presbyterian Church..*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please contact us if your campers medical information changes prior to camp!**

# Medication Release Form

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_

List any medication which camper is currently taking. Please include the dosage and how often the medication is to be administered:

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List Allergies: \_\_\_\_\_

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List any concerns regarding physical condition or restrictions: \_\_\_\_\_

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Please check off and sign below for medication that can be given for minor health issues (such as aches, bug bites, scrapes or stomach upset). You will be called if it is something serious. Also indicate if you want to be called if any of the below are given.

**Advil**

Children's  Adult



**Tylenol**

Children's  Adult

**Benadryl**

Liquid (dye free)  Tablets

**Chewable Antacid**

**Hydrocortisone Cream**

**Calamine Spray** (for sunburn, bug bites, rashes)

**Antiseptic Spray**

**Sunscreen**

Please call if any medication is given

**Parent/Guardian Signature**

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Phone number to contact you \_\_\_\_\_



Thank you, Cathy Szabo, RN