



2019 APPLICATION FOR SB2W JR DAY CAMP

Entering **Grades K-2** in the 2019-2020 school year
June 17-21, 2019 from 8:30 am to NOON.

Website: www.covenantsharon.org **Facebook:** Covenantsharon
Mail To: SB2W Jr. Camp, 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. | _____ |

Junior Camp tuition is \$15 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 \$15 and additional children are \$10 each. 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 double-sided) application and tuition are received.

Please note that campers are admitted on a first-come, first-served basis. After our maximum 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 June 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 _____

Allergies/Other Medical Notes _____

Jr. 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 . . .

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Donation of Food or Supplies | <input type="checkbox"/> Picture Taking | <input type="checkbox"/> Squad Leader |
| <input type="checkbox"/> Registration (help in morning) | <input type="checkbox"/> Crafts or Recreation | _____ Other (Please Write) |

****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 the information on how to obtain them if you are interested.****

Summer's Best Two Weeks JR
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 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 JR
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:

List Allergies: _____

List any concerns regarding physical condition or restrictions: _____

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

Phone number to contact you _____



Thank you, Cathy Szabo, RN