



Registration Form - Summer Camps 2010

843-479-3051

Camper's Full Name: _____ prefer to be called: _____
 Camper's Address _____ City _____ State _____ Zip _____
 Grade Completed Spring 2010 _____ DOB ____/____/____ Gender _____
 Parent/ Guardian: _____ Phone: Day () _____ Night () _____
 Email _____ Would you like to receive confirmation by Email
 Alternate Emergency Contact _____ Relationship to Camper _____
 Phone: _____
 Cabinmate Requests: (NOTE: Campers must request each other. Only one request per camper is guaranteed)

Is there anyone legally restricted from seeing the camper? Yes No If yes, whom? _____
 Has camper ever been away from home overnight? Yes No If yes, where? _____
 Has the camper ever been to Camp Pee Dee before? Yes No If yes, when? _____

Church _____ City _____ ST _____
If you are affiliated with a church in the Presbytery of New Harmony, please obtain the signature of your Minister, DCE, Youth Director, or Clerk of Session.
 Confirmed Church Contribution: \$ _____
 Signature: _____
 Position: _____

Camp Selection & Fees	
1st Choice: Camp Name: _____	Code: # _____
2nd Choice: Camp Name: _____	Code: # _____
Please note camps are subject to change.	
Camp Fee:	\$ _____
Early Bird (registration received before 5-1-10)	- _____
CPD Incentives	- _____
TOTAL FEE for Camp 2010	\$ _____
If paying by credit card Total Fee Due will be charged at one time	
Please call camp for more information	
DEPOSIT (Non-refundable, DUE w/ Registration)	- \$100
Church Contribution	- _____
BALANCE (DUE on Arrival to CPD)	= \$ _____

Please Check Camper T-Shirt Size:
 Youth: Medium Large
 Adult: Small Medium Large X-Large XX-Large

HEALTH INFORMATION (please fill in blanks even if camper has attended Camp Pee Dee before)

Immunizations: (Please confirm date if possible)	Subject to:	Known Allergies:	Diseases:
____ DPT	____ Heart Ailments	____ Hay Fever	____ Measles
____ Polio	____ Sleepwalking	____ Asthma	____ Mumps
____ Tetanus	____ Bedwetting	____ Insect Stings	____ Chicken Pox
	____ Nosebleeds	____ Food (_____)	

Name of Physician _____ Office Phone: _____
 Physical/Mental Limitations _____
 List medication that you will bring to camp (bring written information on dosage/times) _____

 Please detail any special dietary or other restrictions _____

Insurance
 Your health insurance company _____
 Policy Number _____
 Note: **Camp Pee Dee provides secondary accident/sickness coverage. Your insurance (if any) will be the primary coverage. Our policy pays the difference between your bill and what is covered by your insurance (to the limits of the secondary policy).**

PARENT/GUARDIAN AUTHORIZATION
In signing this form, I hereby certify that this registration information is correct. I give permission for the use of photography including my child in camp publicity. I give permission for the release of medical records in care of injury or illness. I understand that in the case of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, as named herein.

Signature of Parent _____ Guardian _____ Date _____

Presbytery of New Harmony, P.O. Box 4025 Florence, SC 29502-4025
 PLEASE MAIL COMPLETED REGISTRATION FORM WITH DEPOSIT (\$100)