



# Kenbrook Bible Camp

## Camper Registration, 2018

190 Pine Meadow Road  
Lebanon, PA 17046  
(717) 865-4547

### Camper Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F Grade going into, Fall 2018: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Church Regularly Attended: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Have you been to camp at Kenbrook before? YES / NO

T-Shirt Size: \_\_\_\_\_

### Parent or Guardian Information 1

Parent or Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Does Camper Live with This Person? YES / NO

Release Camper to This Person? YES / NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Parent or Guardian Information 2

Parent or Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Does Camper Live with This Person? YES / NO

Release Camper to This Person? YES / NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Release Camper to Contact? YES / NO

Please **check** the week(s) your child will be attending and **circle** your Tier pricing.

*Tier Pricing is confidential and will not affect your child's experience. Tier A relies on donations and retreat revenue to cover the remaining expenses; Tier B better accounts for expenses but does not cover expenses completely; Tier C better reflects the true cost of camp.*

### Resident Camp:

Hitchhikers (ages 7-11) **June 10-15**

Tier A \$350 / Tier B \$400 / Tier C \$470

Adventurers (ages 6-11) **June 17-22**

Tier A \$350 / Tier B \$400 / Tier C \$470

Revolution (ages 14-18) **June 24-29**

Tier A \$360 / Tier B \$410 / Tier C \$470

Pioneers (ages 6-10) **July 1-4**

Tier A \$220 / Tier B \$265 / Tier C \$300

Trailblazers (ages 9-11) **July 8-13**

Tier A \$350 / Tier B \$400 / Tier C \$470

The Edge (ages 12-14) **July 15-20**

Tier A \$360 / Tier B \$410 / Tier C \$470

Pilgrims (ages 10-14) **July 22-27**

Tier A \$350 / Tier B \$400 / Tier C \$470

**Bring a Friend Discount.** If you are a returning camper, you can invite a friend who has never been to Kenbrook before and you both will save \$30. *Limit 1 friends, up to \$30 discount.*

Friends Name: \_\_\_\_\_

### Venture Out Trips:

Artistic Adventures (ages 13-17) **June 10-15**

Tier A \$350 / Tier B \$420 / Tier C \$470

Intermediate Rock (ages 12-16) **June 17-22**

Tier A \$400 / Tier B \$450 / Tier C \$500

Wildlife Exploration (ages 9-13) **June 24-29**

Tier A \$240 / Tier B \$270 / Tier C \$300

Intermediate Water (ages 12-16) **July 8-13**

Tier A \$400 / Tier B \$450 / Tier C \$500

Introductory Rock (ages 10-12) **July 15-20**

Tier A \$400 / Tier B \$450 / Tier C \$500

Introductory Water (ages 10-12) **July 22-27**

Tier A \$400 / Tier B \$450 / Tier C \$500

**Cabin Mate Request.** Limit two requests. Camper(s) must also request you. This is a request only; we cannot make guarantees that requests will be met.

Request 1: \_\_\_\_\_

Request 2: \_\_\_\_\_

### Payment Calculation

Total Camp Fee (based on selected tier above) + \_\_\_\_\_

\$8 Camp T-Shirt Pre-order (optional) + \_\_\_\_\_

Money In Camp Store (optional; \$20 recommended) + \_\_\_\_\_

Sibling Discount (applies to 2<sup>nd</sup> or more registered children) (\_\_\_\_\_) \_\_\_\_\_

Friend Discount (see requirements; must be approved) (\_\_\_\_\_) \_\_\_\_\_

Early Bird Discount (Save \$10 by registering by May 1<sup>st</sup>) (\_\_\_\_\_) \_\_\_\_\_

**Total Due** = \_\_\_\_\_

Amount enclosed, must include \$60 deposit (\_\_\_\_\_) \_\_\_\_\_

**Balance due 2 weeks before session start Date** \$ \_\_\_\_\_

*There is a \$25 increase added to all balances not paid by this date.*

Cash Enclosed       Check Enclosed

Credit Card:  Visa  MasterCard  Discover

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Amount To Charge: \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Received: \_\_\_/\_\_\_/\_\_\_ Payment Deposited: \_\_\_/\_\_\_/\_\_\_ Confirmation Sent: \_\_\_/\_\_\_/\_\_\_ Initial: \_\_\_\_\_



# Kenbrook Bible Camp

## Camper Health Form, 2018

190 Pine Meadow Road  
Lebanon, PA 17046  
(717) 865-4547

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Applicable Conditions/Diseases

Please mark all medical conditions or diseases that could impact a camper experience:

- |                                  |                                    |
|----------------------------------|------------------------------------|
| _____ ADD/ADHD                   | _____ Ear Infections               |
| _____ Asthma/Inhaler             | _____ Headaches                    |
| _____ Bedwetting                 | _____ Homesickness                 |
| _____ Behavioral Issues          | _____ Head Lice                    |
| _____ Dental Braces/Caps/Bridges | _____ Nightmares/Terrors           |
| _____ Depression                 | _____ Seizures                     |
| _____ Developmental Delays       | _____ Sleepwalking                 |
| _____ Diabetes                   | _____ Other (Please specify below) |

Dates and/or information regarding conditions/diseases/behavioral disorders marked above:

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

Operations or serious injuries (with dates):

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

Activities limited by physician:

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

Will your child require any special assistance while at camp?

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

### Allergies

Please list all medically necessary dietary restrictions or food allergies and their severity. Please read our menu and food allergy policy on our website:

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

Environmental Allergies:

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

Drug Allergies:

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

## Medications

Is your Camper on any medications\*? YES / NO

List medications currently taking (Medications must be brought to camp in its original packaging and labels)

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Taken Each Day: \_\_\_\_\_  
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Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Taken Each Day: \_\_\_\_\_

*\*"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All prescription medications must be brought to camp in their original container with labels which show the camper's name.*

I (parent or guardian) give permission for Kenbrook Health Care personnel to administer over the counter non-prescription medications including (but not limited to): Tylenol, Ibuprofen, antihistamine, laxatives, cough syrup, and antacids as needed.

Yes

**No, do not dispense over the counter medications without permission**

## Immunizations

Date for tetanus booster is required; all other immunization dates are optional.

When was the last tetanus shot administered? \_\_\_\_/\_\_\_\_/\_\_\_\_

Other immunizations that your camper has received with dates:

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

## Health Care Provider

Primary Care Physician: \_\_\_\_\_

Primary Care Physician phone number: (\_\_\_\_) \_\_\_\_\_

## Insurance

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy Holders Name: \_\_\_\_\_

*Kenbrook's medical insurance is considered secondary coverage to a camper's personal medical insurance. Claims resulting from illness or injury while at Kenbrook must first be submitted to the camper's personal medical insurance. If your camper does not have insurance, leave the boxes blank. Personal medical insurance is not required to attend Kenbrook.*

**Please Provide Any Additional Pertinent Medical Information Below:**

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

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

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

**A completed and signed health form is required for each child. This form, along with the registration form and full payment, is due 2 weeks prior to the first day of camp. Please contact Kenbrook with any questions.**



## Consent and Release Form of Parent or Guardian of Minor Child

I testify that the health history and insurance information on this form is correct so far as I know.

The camper listed on this form has my permission to participate in all camp activities except as noted. I/we understand Kenbrook Bible Camp will make every effort to contact me or the emergency contact I have listed in the event that my child requires medical attention beyond the scope of the Kenbrook Bible Camp nurse. I/we hereby give permission to Kenbrook Bible Camp to provide ongoing health care, to provide or secure transportation to medical facilities, to select medical personnel, and to order x-rays or routine tests and/or treatment for my child. I hereby give my permission to the physician selected by the Executive Director of Kenbrook Bible Camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia, and/or surgery for my child in the event of an emergency.

1. **Activities.** I/we am fully aware that my child, while attending or participating in activities at or relating to Kenbrook Bible Camp ("Kenbrook"), will engage in activities which have a degree of risk and danger. These activities may include, but are not limited to, some or all of the following: group initiatives, low or high ropes activities, climbing wall, living completely out-of-doors, hiking, walking or running on trails or off-trail through the woods and over uneven terrain, backpacking, camping at established or unestablished campsites, preparing and cooking meals, using canoes, kayaks, or rafts in still or moving water, climbing and rappelling on rockfaces, exploration of non-commercial caves, and a variety of other activities that can be hazardous.
2. **Consent.** I/we hereby give my child permission to participate in all the programs and activities of the camps he or she may attend. In the event that hikes, field trips, or camping trips are planned away from Kenbrook as part of the camp program, my child has my permission to participate. If I have elected to restrict any of the activities of my child while at Kenbrook, I will provide Kenbrook with a written expression of those restrictions before my child checks-in at Kenbrook Bible Camp, and advise my child of any such restrictions, including restrictions relating to diet, health or medical conditions, or physical activities.
3. **Publications.** I/we give Kenbrook the right and permission to use, display, reproduce, copyright, and/or publish audio and pictorial images (including video) of my child to inform the public about Kenbrook including on Kenbrook's website. I/we hereby waive the right to inspect or approve the images or their eventual use.
4. **Release.** I/we release and indemnify Kenbrook and its agents, officers, directors, and employees from all liability, including liability associated with my child's injury or death, or loss or damage to property, resulting directly or indirectly from my child's attendance at and participation in Kenbrook and its activities, or from the exercise of the rights and permissions I have granted in this Consent and Release. I/we will not hold Kenbrook liable for any gross negligence (conduct that is flagrant and grossly deviates from the ordinary standard of care), but I reserve the right to hold the grossly negligent person fully and personally liable.
5. **Medical Treatment.** I/we understand it is my obligation to inform Kenbrook of any and all health considerations or medical conditions that could affect my child's participation in any Kenbrook activities. I understand that Kenbrook may not have medical personnel available at the site of the activity. I hereby grant permission to Kenbrook and its personnel to authorize emergency medical treatment, if deemed necessary.
6. **Certification.** I certify that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect. Intending to be legally and jointly and severally bound, I/we have signed below. The camper has signed below to join in this Release and Consent if the camper is eighteen or older. I CERTIFY THAT IF MY CHILD HAS MORE THAN ONE PARENT OR LEGAL GUARDIAN, BOTH HAVE SIGNED BELOW. I/we understand that any of the above activities in which our child may be involved may involve significant physical activity and that it is possible for my/our child to suffer bodily injury or death resulting from slips, falls, hypothermia, falling rocks or debris, and insect/animal attacks. I/we also understand that our child may suffer bodily injury or death during travel to or from the experience.

I/We have carefully read this document and understand and agree to all of the above.

I/We give my permission for (name of minor) \_\_\_\_\_ to participate in Kenbrook's camp experiences.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_