

STONEY POINT CAMP 2021 SUMMER REGISTRATION FORM

Stoney Point Camp Camper Registration 1460 Stoney Point Rd. Wyalusing, PA 18853

570-746-1428

www.stoneypointcamp.com

Choose a Week of Camp: Junior Day Camp Week 1 June 21-25 (\$50.00) Junior Day Camp Week 2 June 28-July 2 (\$50.00)

Horsemanship July 12-16* (\$125.00) Teen Girls Adventure Camp July 19-23 (150.00) Teen Boys Adventure Camp July 26-30 (150.00)

*Horsemanship campers need to also fill out a liability release form for riding.

Camper Information

Camper's Name: _____ Parent/Guardian E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Grade in September: _____ Date of Birth: ____/____/____ Male: _____ Female: _____

Father's Name: _____ Mother's Name: _____

Camper Agreement: I and my child agree to cooperate and comply with all rules and regulations at Stoney Point Camp. I understand that a violation in any area may result in my child's dismissal from camp.

Parent/Guardian Signature: _____ Date: _____

Medical Release Parent or Guardian's Emergency Phone #: _____ Cell Phone: _____

Please list any medications or allergies that participant may have.

I give permission for my child to take: (please initial) Tylenol _____ Ibuprofen _____ Benadryl _____

Allergies: Bee stings? _____ Is EpiPen required? _____

ACCIDENT/MEDIAL INSURANCE – I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident / medical insurance company shall pay for ALL such required expenses.

Name of Insurance Co: _____ ID #: _____

MEDICAL RELEASE -- I certify that this camper has my permission to attend SPC, and further give consent for medical treatment for the camper in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes; and give permission for a camp nurse or other staff to inform the necessary parties of the camper's medical conditions, including, but not limited to, food or other allergies, asthma, seizures, or medication for attending to the camper's medical needs. I understand that some activities are inherently risky, and take responsibility for the camper's participation in any of the camp's program areas, and indemnify, release, and discharge Stoney Point Camp Inc. and its directors, officers, employees, and agents from liability and all costs arising from my child's participation in camp activities.

MEDIA RELEASE: I understand that any pictures taken during an SPC event, as well as testimonies of myself or my child and/or legal ward may be used in SPC promotional materials including newsletters, brochures, displays, and websites.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

