STONEY POINT CAMP
2026 CAMPER
REGISTRATION

Choose a Week of Camp

[ ] Horsemanship June 15-19 ($190) includes t-shirt
[ ] Junior Day Camp Week 1 June 22-26 ($100)
[ ] Junior Day Camp Week 2 July 6-10 ($100)
Teen Girls Adventure Camp July 13-17 ($200)
Teen Boys Adventure Camp July 20-24 ($200)
**Horsemanship campers need to also fill out a liability release form for riding*. All campers fill out PST liability release form.

Buy a T-Shirt early ($15)

*Pick up on first day of camp

(Youth Size)	(**Adult Size)**
[ ] SM	[ ] SM
[ ] MD	[ ] MD
[ ]LG	[ ] LG
[ ] No T-Shirt	[ ] XL

Camper Information

Camper's Name:_____ Grade in September: _____

Month of Birth:_____ *(to send birthday card)* Male:___ Female:___ Age:_____
Parent/Guardian E-Mail:_____ Phone:_____

Address_____City:_____ State: _____ Zip:_____
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 dismissal from camp.*

Medical Release

Parent/Guardian's Emergency Phone #: _____ Cell:_____
Please list any medications or allergies that participant may have.
Allergies:
Bee stings?_____ Is EpiPen Required?_____
I give permission for my child to take (Please initial): Tylenol_____Ibuprofen_____Benadryl_____
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.
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:_____

1460 STONEY POINT RD. WYALUSING, PA 18853 570 - 746 - 1428
WWW.STONEYPOINTCAMP.COM