



2019 REGISTRATION FORM



You can also register online at www.newlifebiblecamp.com. Online registration is fast and easy, and it instantly secures your spot. Also remember that if you register and pay in full by April 1st, deduct \$10 from the Camp Fee.

ACCOUNT / HOUSEHOLD INFORMATION

Parent / Guardians - Please provide as much information as possible.

PARENT 1 Name: (First / Last):	PARENT 2 Name (First / Last):		
PARENT 1 Email:	PARENT 2 Email (Optional):		
PARENT 1 Home Phone:	PARENT 1 Home Phone:		
PARENT 1 Work Phone:	PARENT 1 Work Phone:		
PARENT 1 Cell Phone:	PARENT 1 Cell Phone:		
PARENT 1 Address:	City:	ST:	Zip:

EMERGENCY CONTACT INFORMATION

In the event that the primary account contacts cannot be reached.

EMERGENCY CONTACT Name:	Relationship to Camper:		
EMERGENCY CONTACT Phone - HOME:	WORK:	CELL:	

CAMPER INFORMATION

Please use a separate registration form for each camper. Provide as much information as possible.

CAMPER Name (Given Name):		Camper Name (Preferred):	
CAMPER Address (If Different from Account):		City:	ST: Zip:
Date of Birth: / /	Sex: M / F	Attending Church:	Grade (Fall 2019):
Counselor Request*:		Roommate Request*:	

* New Life Bible Camp will try to fulfill these requests, but may not be able to accommodate every request. Priority is given to Roommate Requests.

CAMPER HEALTH INFORMATION

New Life Bible Camp provides secondary coverage for all campers.

Allergies:		Epipen Required: Y / N	
Dietary Restrictions / Allergies: (New Life Bible Camp will accommodate all "Medical" dietary restrictions. We do not cater to "preference" diets.)			
Medications: In the event that your child needs medication while at camp, please select your approval or denial for the following medications. New Life will still notify you if these meds are given. Allowed / Not Allowed <input type="checkbox"/> <input type="checkbox"/> Acetaminiphen (Tylenol): <input type="checkbox"/> <input type="checkbox"/> Antihistamines (Benadryl, Diphenhydramine) <input type="checkbox"/> <input type="checkbox"/> Aspirin <input type="checkbox"/> <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> <input type="checkbox"/> Sore Throat Spray		Insurance Carrier: Policy / ID #: _____ Group / Member #: _____ Activity Restrictions: Additional comments or concerns that New Life Staff need to be aware of:	
PLEASE INITIAL THAT YOU AGREE TO THE ABOVE. _____		Continue to Week Selection / Payment / Signature	

Select Week(s) of Camp (Entering Grade in Fall 2019)

See the brochure for more information on fees and weeks. Remember, register and pay in full by April 1st and deduct \$10.

DAY CAMP: A day-only camp from 9:00 a.m. - 6:00 p.m. (Monday - Friday)

<input type="checkbox"/> June 17-21	Soccer Camp	\$155	<input type="checkbox"/> July 15-19	Horse Week	\$155
<input type="checkbox"/> June 24-28	Outdoor Week 1	\$155	<input type="checkbox"/> July 22-26	Outdoor Week 2	\$155
<input type="checkbox"/> July 1-5	Authentic Week 1	\$155	<input type="checkbox"/> July 29-Aug 2	Authentic Week 2	\$155
<input type="checkbox"/> July 8-12	Creek Week	\$155			

CAMP KAINOS: Residential Camp at the Main Lodge

<input type="checkbox"/> June 17-21	Grades 2-4	\$189	<input type="checkbox"/> July 7-12	Grades 7-8	\$199
<input type="checkbox"/> June 23-28	Grades 8-9	\$209	<input type="checkbox"/> July 14-19	Grades 6-7	\$199
<input type="checkbox"/> June 30 - July 5	Grades 10-12 (Teen Week)	\$224	<input type="checkbox"/> July 21-26	Grades 5-6	\$199
OR <input type="checkbox"/> Optional Activity: White Water Rafting - Add \$50			<input type="checkbox"/> July 28-Aug 2	Grades 4-5	\$199
<input type="checkbox"/> Optional Activity: Ohiopyle Zip Line - Add \$35					

ADVENTURE CAMP: An Outdoor Adventure Program on Curly Mountain

<input type="checkbox"/> July 7-12	Grades 10-12	\$279	<input type="checkbox"/> July 21-26	Grades 7-9	\$279
------------------------------------	--------------	-------	-------------------------------------	------------	-------

Payment Information & Additional Requests

Camp Fees:	+ \$	TOTAL from Left Column:	\$	For more information on the following Applications, read the Registration Notes. <input type="checkbox"/> I Request a Scholarship Application <input type="checkbox"/> I Request a Weekend Application <p style="text-align: center;">Mail Payment & Registration Form To:</p> NEW LIFE BIBLE CAMP. 451 TAR WATER HOLLOW RD BUFFALO MILLS, PA 15534
Activity Fee (Teen Week):	+ \$	Optional Giving: See Registration Notes.		
Snack Shop Deposit:	+ \$	Scholarship Fund:	+ \$	
Subtotal:	\$	General Fund:	+ \$	
Discounts:	- \$	TOTAL AMOUNT ENCLOSED:	\$	
TOTAL:	\$	NOTE: A \$25 non-refundable deposit is required for <u>EACH</u> week of camp. Check / Money Order # _____		

Parent's Authorization Form

By signing this registration form below, I give permission for this camper to engage in all prescribed camp activities except as noted. I understand and certify that my child's participation in New Life Bible Camp and its activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in camp events and programs, and particularly but not limited to the activities of swimming (for those going to Shawnee Lake), hiking, horses, organized recreational activities and games, and team building activities. I acknowledge that although New Life Bible Camp has taken safety measures to minimize the risk of injury to camp participants, New Life cannot ensure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for safety of all camp participants. By my signature on this registration form, I agree to waive all claims, and hold New Life Bible Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit I (or my agents) might file against them or arising from my child's participation in activities at New Life Bible Camp. I also hereby give my 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 on the registration and/or medical form. I also grant permission for my child to be included in camp photos, audio, and/or video that may be used for promotional purposes.

Important Note: Signature Needed

This form must be signed by the parent or legal guardian of **Child's Name:** _____
 I agree to the Parent's Authorization Policy above.

Signature of Parent or Guardian: _____

Please Print Name: _____ **Date:** ____ / ____ / ____