

# OLD BIBLE PATHS CAMP

2400 River Rd., Middletown, Pa. 17057-5117

June 13-18, 2011 (Monday 12 Noon to Saturday 12 Noon)

[Camp Week Address & Phone: Camp Peniel, 294 Peniel Land, Myersdale, PA 15552, (814) 634-5106]

AGES: Just completed 2<sup>nd</sup> grade through anyone who just completed 12<sup>th</sup> grade.

ELIGIBLE: Anyone, with Pastor's approval, who is willing to follow all the guidelines set forth by the camp.

REGISTRATION FEE: \$35.00 due no later than Wednesday, May 11, 2011 (Registration fees non-refundable)

WORKER FEE: \$10.00 due no later than Wednesday, May 11, 2011; \$40.00 due May 25, 2011 (total \$50.00)

CAMPER COST: \$135.00 First camper of immediate family  
\$120.00 Second camper of immediate family  
\$100.00 Third camper of immediate family  
\$100.00 Fourth and following from same family

Paint Ball: \$15.00 per camper/worker extra for equipment (marker & mask) & 500 paint balls.  
\$10 for 500 additional paint balls. NOTE: No camper/worker is required to paintball.

Make checks payable to Old Bible Paths Camp.

**PAYMENT IN FULL IS DUE WEDNESDAY, May 25, 2011 - NO REFUNDS AFTER THIS DATE.**

Cut/Tear at Dashed Line Below And Return Bottom of Form

## OLD BIBLE PATHS CAMP 2011 REGISTRATION/PERMISSION FORM (ONE FORM PER CAMPER/WORKER)

NAME: \_\_\_\_\_ GRADE GOING INTO: \_\_\_\_\_

Male/Female \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_ FAVORITE CHIPS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ HOME CHURCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street/Road \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ Day

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ Night

Please list someone outside the home to contact IN CASE OF AN EMERGENCY & parents are NOT available:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Daytime PHONE: (\_\_\_\_) \_\_\_\_\_ Evening PHONE: (\_\_\_\_) \_\_\_\_\_

Health History (check all that apply)
<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Seizure (Epilepsy)
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Bleeding/Clotting Disorders
<input type="checkbox"/> Recent Head Lice
<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Other

Is there anyone who is legally restricted from seeing the camper?  Yes  No

If yes please list name & relationship : \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance or Provider: \_\_\_\_\_ Number: \_\_\_\_\_

PLEASE LIST (Use reverse for more room if necessary):

All allergies: \_\_\_\_\_ Medications (with instructions): \_\_\_\_\_

Date of LATEST Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

For minor headache/discomfort, may we administer Children/Adult Non-Aspirin?  yes  no

Any other health related information: \_\_\_\_\_

This HEALTH history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the Old Bible Paths Camp to order X-rays, routine tests, treatment and

necessary related transportation for my child. In the event I cannot be reached in an emergency. I give my permission to the physician selected by the Old Bible Paths Camp personnel to secure and administer treatment, including hospitalization, for my child as named above.

Signature(s) of Parent/ Guardian (both if applicable): Initials: \_\_\_\_\_ "Father" \_\_\_\_\_ "Mother"

**THE ABOVE NAMED CAMPER (UNDER 18) HAS MY PERMISSION TO ATTEND THE 2010 OLD BIBLE PATHS CAMP. I also give Middletown Area Bible Church permission to transport my child to and from camp. If my child does not follow the rules and/or becomes a difficulty I understand that it is my responsibility to pick up my child at my inconvenience and expense. I also absolve the Middletown Area Bible Church, its ministries, and workers from any liability that may result from activities or accidents involving my child while en route to and from and at camp.**

**Please Check:  Yes or  No for paintball activity.**

\_\_\_\_\_  
Father/Guardian Signature & Date

\_\_\_\_\_  
Mother/Guardian Signature & Date