

4 Easy Steps To Register

1) Complete Registration Form

Camper	Male	Female
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Name: _____
 Age (as of June 29, 2009): _____ Grade in Fall: _____
 Mailing Address: _____
 City: _____ State: _____ Zip _____
 Pastor/Youth Pastor's Name: _____
 Church I'm Coming with: _____
 Roommate Request: 1st Choice: _____
 or _____
 Please Specify T-shirt Size
 (child - small, medium, large)
 (adult - small, medium, large, X-Large, 2X Large)

2) Enclose Payment

\$110 Before April 1, \$130 After April 1, \$150 After June 7
 (please check the boxes that apply)
 Registration Fee (\$50)
 Total enclosed \$ _____
 Early Registration Discount - postmarked before April 1.
 Reservation Information:

Once capacity has been reached, reservations will no longer be accepted. To ensure a place at camp, submit a completed registration form to your pastor a complete along with the \$50 per person registration fee as soon as possible. The \$50 registration fee is non-refundable and will be applied toward your total camp fee. Late reservations are not guaranteed.

3) Sign Camper Agreement and Parent Release Form

I agree to follow all the guidelines set forth by Mt Zion Baptist Church Camp and acknowledge that I am responsible to maintain the standards for dress and conduct established by Mt. Zion Baptist Church Camp. I understand action will be taken if camp policy is not upheld.

Camper's Signature: _____ Date: _____
 I, _____ acknowledge and accept the risks of physical injury associated with participation at camp. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during camp and during transportation to and from camp. Further, the participant (or parent/guardian) promises to hold harmless Mt. Zion Baptist Church and its representatives and Penn Grove Retreat, Hanover for any injury related to the camp.
 Parent Signature: _____
 Date: _____

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4) Complete Medical Form

Date of last tetanus booster: ____/____/____
Prescribed medications regularly taken: _____
Reason for medication: _____
Does your child frequently fall out of his/her bed? ____
Specific allergies: _____
Is your child allergic to bee/ant stings? ____
Penicillin? ____ Type of reaction: _____
Treatment given: _____
Has your child ever been diagnosed with a medical condition? (i.e. Asthma, Diabetes, etc.) ____
Does your child have any history of seizures? ____
Does your child have any dietary restrictions? ____
What & why? _____
Family physician: _____
Physician's work phone (____) _____
Specific activities to be restricted: _____
Reason for restriction: _____
Emergency phone: _____
Contact name: _____
Hospitalization Insurance Company: _____
Policy Number: _____

For the health and safety of all campers, we request that campers with contagious conditions or diseases not be sent to camp. We appreciate your cooperation and understanding in this matter of public health. Over-the-counter medications will be provided by our Health Services. Please do not send medications, unless prescribed by a doctor. All medications must be in their original labeled containers and in a ziplock plastic bag. In Case of Medical Emergency I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthetize or perform surgery deemed necessary for my child. I also affirm that the medical information on this form is complete and correct.

Parent or Guardian's Signature: _____
Please Print Name: _____
Date: _____

Mt. Zion Baptist Church Camp

48 Muddy Creek Forks Rd.
Brogue, PA 17309

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