
2011 Vacation Bible School Camper Registration Form

Salem Covenant Church, 215 E. Mountain Street, Worcester MA 01606

Telephone (508) - 853 - 4071

Day Camp Camper Registration Form for August 1 – 5, 2011

All forms and payment *must* be in by **June 30th**.

Camper Information: Name _____

Address _____

City/State _____ Zip _____

Phone _____ Grade Entering _____ Age _____

T-shirt Size: Child (circle one) S M L Adult (circle one) S M L XL 2XL

Parent / Guardian Information and EMERGENCY Information

Parent /Guardian _____ (print) _____ (signature)

Parent /Guardian Address _____

Medical Information:

*My child has the following allergies _____

*I authorize the Day Camp Staff to give my child the following prescriptions which are listed below which will match the label on the container given by my child's health care provider. (Initial) _____

* _____ at _____ (time)

* _____ at _____ (time)

*In case of emergency, illness or accident to the child named above, the Day Camp Staff are authorized to proceed as indicated below. Please number each 1, 2, 3, etc., in the order of desired action.

() Contact father at _____ (address) _____ (phone)

() Contact mother at _____ (address) _____ (phone)

() Take child to emergency hospital _____

() Take child to any licensed physician _____

() Other _____

*I understand that every effort will be made to provide for the safety and wellbeing of my child. In the event of accident or injury, I authorize the Day Camp Staff to seek proper medical treatment. I give my permission for the use of any medical treatment required under the direction of a physician. I authorize transportation of my child by ambulance in order to facilitate any necessary treatment. I agree not to hold Salem Covenant Church or its agents liable in such matters. (Initial) _____

*My child has the following impairments that may affect activities while at camp.

* _____

(Form continues on back)

Health Care Provider (HMO) Information

Name _____ Phone Number _____

Address _____ City / State _____ Zip _____

Other concerns:

Requirements

In order to fully register your child you must also submit the following records. Children will not be registered until all records have been properly submitted within the time restraints.

- () Immunization records of MMR, Polio, Diphtheria, Tetanus, and Pertussis
() Physical exam completed within the last 24 months.
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Camp Fees

Camper fees are as follows:

# of Siblings:	In by:	Early Bird (April 30 th)	Regular Registration (by June 30 th)
Only child:		\$50	\$60
First Sibling:		\$40	\$50
Second Sibling:		\$30	\$40

Total Number of Campers registered _____

Amount to be Paid _____

Miscellaneous Information

* Lunches should be in a brown bag, no coolers, and should be brought everyday.

* Please make checks payable to Salem Covenant Church

* Please send registration forms to : C/O Camp Registrar
Salem Covenant Church
215 E. Mountain St
Worcester, MA 01606

* Confirmation letters will be sent upon receipt of registration form.

By signing below I assert that the information given is correct to the best of my knowledge.

Parent / Guardian Signature _____ Date _____