

REGISTRATION FORM 2008 (Complete ALL information)

REG. NO. _____

DO NOT WRITE IN GRAY AREAS AS THEY ARE FOR REGISTRAR USE ONLY. Please Print

CAMP ATTENDING: _____ DATE: _____ AMT ENCLOSED:\$ _____

Mail these forms along with your deposit to : Registrar Camp Judson, 398 Holliday Rd,
North Springfield, PA 16430-1208

Or you may fax your application to us and make your payment with your
credit card at 814-622-1251.

Make checks payable to Camp Judson and mail to the above address.

Name _____ M() F() Date of Birth _____ Grade In Sept _____
Address _____ City _____ St _____ Zip _____
Phone (____) _____ Cell Phone (____) _____ E-mail _____
Parent's Names (father) _____ (mother) _____
Church _____ Cabin with (choose 1 person) _____

Electives: I would like instruction in the following: Number 1-10 (number 1 – like most; number 10 – like least)

Outdoor Discovery Horsemanship Archery Swimming Canoeing Sailing Water Sports Crafts Climbing Tower/Zipline

I hereby consent to and authorize the reproduction, publication and use by Camp Judson, and their successors and assignees,
for advertising, commercial, or any other purpose, of any photographs, picture or likeness of my child.

Signature Parent/Guardian _____ **Date** _____

CREDIT CARD INFORMATION

MasterCard _____ Visa _____ Discover _____
(Please check one)

Signature: _____

Card # _____

Expiration Date: _____ V-Code: _____

Amount Being Deducted From Your Card: _____

(Your copy will be mailed with your confirmation)

FOR
REGISTRAR
USE
ONLY

Camper Fee	_____	_____
Discount	_____	_____
Payment	_____	_____
Payment	_____	_____
Payment	_____	_____
Payment	_____	_____
Canc./refund	_____	_____

One half of deposit is refundable up to 2 wks before camp. Less than 2 wks before camp begins NO REFUNDS!

HEALTH & FAMILY DATA (Please print and fill out completely)

CABIN # _____

Name _____ Birth date _____ M ___ F ___ Camp Attending _____

Address _____ City _____ St _____ Zip _____

Parent(s) _____ H Phone _____ W Phone _____

2nd Parent/Emergency Contact _____ H Phone _____ W Phone _____

Medical Insurance _____ Policy / Group No _____ Phone _____

Family Dr _____ Phone _____ Polio Vaccination? Y ___ N ___

Tetanus Shot? (date) _____ Drug Allergies/Allergic Reactions? _____

Activity Restrictions _____

Regular Medications _____

Recent Recurring/Chronic Illness, or Injuries (date) _____

Special Need (Please include separate cover sheet) _____

RELEASE & EMERGENCY AUTHORIZATION: With the understanding that the adult leaders of camp have taken every reasonable pre-
caution in preparing and planning every activity to ensure the safety of the above mentioned camper, I hereby release all leaders and the camp
from liability due to any accidents which may occur on or off Camp Judson property. I agree to releasing any health concerns (re: bee sting ,
plant allergies, or any other potentially life threatening allergy) to my child's counselor. Should emergency medical treatment be necessary, I
authorize the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I can-
not be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize and to secure
proper treatment for my child as named above. (This form may be photocopied.)

Signature of Parent/Guardian: _____ **Date:** _____