

PLEASE COMPLETE A REGISTRATION FORM FOR EACH WEEK ATTENDING

**Delmarva Christian Service Camp
2017 Registration Form**

Registration 3-4:30 pm first day of camp. Please **DO NOT** arrive early or enter dorms.

CHECK ONE WEEK YOU WISH TO ATTEND

- | | |
|---|--|
| <input type="checkbox"/> Senior High 9-12 th : June 18-23 \$110 | <input type="checkbox"/> Junior High 7-8 th : June 25-30 \$110 |
| <input type="checkbox"/> Juniors 5-6 th : July 16-21 \$110 | <input type="checkbox"/> Beginners 3-4 th : July 23-28 \$110 |
| <input type="checkbox"/> MAD 8-12 th : July 30-Aug 5 \$110 | <input type="checkbox"/> First Timers 1-2 nd : Aug 6-8 \$55 |
| <input type="checkbox"/> Wilderness camp 5-7 grade : Aug 9-12 \$75 | |

**** Minimum \$5.00 deposit required (will be deducted from tuition total)****

PLEASE PRINT LEGIBLY

Name _____ Male Female

Street _____ Birth date _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home phone _____ Work _____ Cell _____

1st Emergency contact _____ Relationship _____

Phone _____

2nd Emergency contact _____ Relationship _____

Phone _____

Church Congregation _____

Grade entering this fall _____

Photo release, I hereby give my consent for the DCSC to use any photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed above.

Check appropriate box: Accept Decline Signature _____

Off Site Permission

With my signature on page 2, I give permission for my child to leave Delmarva Christian Service Camp's site to participate in daily service projects (to be determined) during their time at camp. **MEDICAL RELEASE**; I hereby authorize Delmarva Christian Service Camp, her representatives, dean of the week, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained on this form and to provide all medical and dental care, routine tests, treatment and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under supervision, and upon the advise of or be rendered by a physician.

HEALTH RECORD (required by State law)

Camper's Name: _____

Allergies: _____

Current Medication(s) & Diagnosis: _____

Please List any recent surgery, injury, health, or emotional condition that the camp dean and nurse should be aware of that might restrict your child from participation in camp activities:

Health Insurance Company: _____

Policy # _____

Has you child had a physical in the past 12 months? Yes No
(physical is required by Delaware Dept of Health to attend camp)

I, the undersigned, do grant permission that my child be given non-prescription Medication by the Camp Dean or Nurse, should they deem it necessary.

List Exceptions: _____

In case of emergency I give my permission for a representative of Delmarva Christian Service Camp to seek necessary medical attention from qualified personnel for the health and well being of my child. In addition, I have read the registration brochure and have discussed the dress code, rules, and policies with the camper named above and we agree to abide by them.

Parent/Guardian Signature _____ Date _____

Deposit I have enclosed \$ _____ (balance due at time of check-in)

Mail Form and Deposit to:
Make checks payable to DCSC
(\$40 service fee for all returned checks)

DCSC
143 Turner Dr
Dover DE 19904

Do not send
camper/staff mail
to this address

FOR REGISTRAR USE ONLY

Deposit Paid \$ _____ CK # _____ Date _____

Balance Due \$ _____ CK # _____ Date _____