

PLEASE COMPLETE A REGISTRATION FORM FOR EACH WEEK ATTENDING

**Delmarva Christian Service Camp
2009 Registration Form**

CHECK ONE WEEK YOU WISH TO ATTEND

- | | |
|---|---|
| <input type="checkbox"/> Senior High: June 21-26 \$110 | <input type="checkbox"/> Junior High: June 28 - July 3 \$110 |
| <input type="checkbox"/> Juniors: July 19-24 \$110 | <input type="checkbox"/> Beginners: July 26-31 \$110 |
| <input type="checkbox"/> MMAD: Aug 2-8 \$110 | <input type="checkbox"/> First Timers: Aug 9-11 \$55 |

** 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 _____

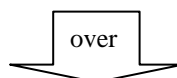
Phone _____

3rd Emergency contact _____ Relationship _____

Phone _____

Church Congregation _____

Grade entering this fall _____



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 required by Delaware Dept of Health)

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
(\$20 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 _____