**West Berks**

**Mission District**

invites you to attend



Registration forms are available in your church office or check the WBMD website at [www.westberksmissiondistrict.org](http://www.westberksmissiondistrict.org) Please contact Dawn at 610-375-8303 for more information or to arrange transportation for your child.

**Monday - Friday June 25 - 29 from 9:00 AM – 3:00 PM**

Camp is being offered to all children in the WBMD who have

completed grades K – 6.

It is being held at **Allegheny Lutheran Church**,

1327 Alleghenyville Road (Rte 568) in Knauers, 19540

**Cost is just $30 for the week!** (Scholarships available)

 

**Bear Creek Camp**

is coming HERE to help us explore, celebrate and grow in God’s creation! COME! Meet new friends! Learn new songs! Learn more about our awesome God! Have LOTS of fun! Register TODAY!!!

New friends, Kaiden and Ryan, having a great time!

**WBMD & Bear Creek Day Camp – Camper Registration Cost - $30**

**Camper Last Name First Name** Gender Birthdate Church

**Parent /Guardian Name** Relationship to Camper Email Phone

**Parent /Guardian Name** Relationship to Camper Email Phone

**Emergency Contact Info. (someone other than above)**

**Contact Name** Relationship to Camper Phone

**Health History**

All immunizations required for school are up to date. YES NO

Do you give consent for these over the counter medications: Tylenol, Ibuprofen, Benadryl. YES NO

Medication Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies/ Dietary Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any physical/mental health limitations that may restrict camper’s participation in activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications/dosage to be given during the camp day.

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Amount | Time | Comment |
|  |  |  |  |
|  |  |  |  |

**Insurance Information**

Insurance Company Policy # Insurance Company Phone #

Insurance Company Address Primary Physician Name Primary Physician Phone #

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the camp’s promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized. Bear Creek Camp Behavioral Health Policy: Bear Creek Camp respects the confidentiality of an individual’s mental and/or behavioral health diagnosis and treatment. It is the responsibility of the Parent/Guardian of a camper to inform Bear Creek Camp Staff if their child is presently being treated for a mental or behavioral health diagnosis and how the Staff can best support the camper. Bear Creek Camp has to ensure the safety of all campers. If a camper exhibits behaviors that can put themselves or others in danger, the behavior will be reported to a Camp Director immediately. The camper’s Parent/Guardian may be called and the camper may be sent home. If the camper is exhibiting behaviors that are deemed a crisis, the Director will call the local county crisis services to determine the level of intervention that needs to occur.

**Signature of Parent/Guardian (Required) Date** Mail to: WBMD 1015 Windsor St. Reading PA 19604