

# Day Camp

June 26—30, 2017

Application Deadline June 19, 2017

Cost: \$45.00

Age 9-15

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M/F (circle one)

Phone:  
Parent/Guardian Name: \_\_\_\_\_

Phone no: \_\_\_\_\_ Alt. contact no.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Physical Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy no: \_\_\_\_\_

**Cost: \$45.00**

**Make checks payable to Steeple to People Ministries.**

Please send your registration to the following address:

Honey Brook Youth Center  
PO Box 28  
Honey Brook, PA 19344

Questions, contact:  
Jimmy Smucker: 717-951-1899  
Honey Brook Youth Center: 610-273-1073

**For office use only:**

Paid \_\_\_ Not Paid \_\_\_

Amount paid \_\_\_\_\_

Date of payment \_\_\_\_\_

Method of payment:

\_\_\_ Cash \_\_\_ Check

Check # \_\_\_\_\_

**PARENT AUTHORIZATION, COVENANT, RELEASE & INDEMNITY AGREEMENT**

\_\_\_\_\_ Printed Name of My Child  
\_\_\_\_\_ Parent/Guardian, printed  
\_\_\_\_\_ Parent/Guardian, printed

**\*\*both names of Parents/Guardians are required, when applicable\*\***

Honey Brook Youth Center, its agents, employees, affiliates, successors, and Steeple to People Ministries are hereinafter collectively referred to as "Provider."

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by Provider to hospitalize and secure proper treatment as necessary for my child named above.

In consideration of permission granted my child to participate in camping and related activities, which I acknowledge are inherently dangerous, I hereby accept unto myself all responsibility and all liability for any injury, death or other claim, loss or damage, caused by, or arising out of camping and other related activities sponsored by Provider. I hereby release and covenant with Provider that I will never, individually or as legal guardian of my child, institute any action for any injury, death or other claim, loss or damage, caused by, or arising out of camping and other related activities sponsored by Provider. I further agree to indemnify and hold Provider harmless against any and all claims, demands, actions, and causes of action (including actual attorneys' fees, costs and expenses) of my child or my child's legal guardian that may arise as a result of my child's participation in camping and other related activities sponsored by Provider.

I hereby give my permission for any photography of my child on camp premises to be used in publicity for Provider.

Intending to be legally bound,

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*both signatures of Parents/Guardians required when applicable\*\***