REGISTRATION FEES: Make check payable to: "CAMP PINNACLE"

*All plans include canteen & T-shirt

Register by July 1st Total cost of camp \$320.00*	Register after July 1st Total cost of camp \$370.00*			
+\$50 deposit due with registration	+\$50 deposit due with registration			
+\$270 remaining balance Due on or before camp	+\$320 remaining balance Due on or before camp			
-\$ discount (explain below)	-\$ discount (explain below)			
+\$40 IF your Church is 3 hours or more from Camp AND Camper is coming early with Staff	+\$40 IF your Church is 3 hours or more from Camp AND Camper is coming early with Staff			
\$ Pre-paid	\$ Pre-paid			
\$ Balance Due	\$ Balance Due			
Size (ch	nildren) □ 8 – 10 Child S □ 10 – 12 Child M □ 12 – 14 Child L			
Order your t-shirt here	☐ Medium Adult ☐ Large Adult			
	□ X Large Adult □ XX Large Adult			
ROOMMATE REQUEST (One only!):				

Please NOTE: they cannot be guaranteed

and must be age appropriate

REGISTRATION FORM

	NT <u>AND</u> CAMPER signatures below **	
	Sex Age	
Address		
•	State Zip	
	Birth date	
Parent/Guardian		
Home Phone()	Cell Phone()	
Parents' Email	 	
Parent's Work Place	Work Phone()	
Other Emergency Contact		
Relationship to camper		
	Cell/Work Phone()	
Persons, other than parent, child may l	pe sent home with:	
1	Phone ()	
	Phone ()	
Or anyone from	Church	
Group coming with: (please fill this		
Church Name		
Pastor's Name		
Church Address		
	State Zip	
Church Phone ()		
Church/Pastor's Email address		
Camp Attending — □Jr. Camp (ages 8 – 12) □Sr. Camp (ages 13 – 17)		
•	sign below to process Registration:	
Camper Pledge – "I agree to abide by the	rules of Camp Pinnacle"	
Camper Signature		
Parent (or Guardian) "I approve of (JR/S) read and I understand the rules" Parent Signature	SR) Camp my child has selected & I have	

HEALTH INFORMATION

	Allergies (Check)	Immunization History	(Give Date)	
	Hay Fever	DPT Series		
	Poison Ivy	Polio OPV (sabin)		
	Insect Stings	Rubella/German Measles		
	Penicillin	Measles Vaccine (live)		
	Asthma	Mumps	 	
	Other Drugs (below)	Tetanus		
		TB test		
	Diabetes		· · · · · · · · · · · · · · · · · · ·	
	Heart defect	Bleeding/Clotting		
	Mononucleosis	Convulsions/Epil.	 	
	Bedwetting	□ Sleepwalking -		
	Health H Note: We are not set-up t	Listory (check or give approximate dates o handle SPECIAL NEEDS children—please call befor) e registering	
Dieta	ry Restrictions _			
	Allergies (how re ? give details		PI-pen	
Spec	ial Diet _			
my ch	strictions (Camp Sponild DOES NOT know how	of ALL physical, emotional, and mental sup rts activities ARE strenuous) v to swim. to vigorous sports activities:		
Heal	th Insurance Co.			
Polic	y Number			
Co.	Геlephone Number			

Your Children will be on YOUR Insurance while at Bongiorno Conference

MEDICAL RELEASE

This health history is correct insofar as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. I understand there are risks of injury inherent in camp activities, therefore, I agree to release and not hold Camp Pinnacle, or the Directors liable for accidents that occur during my child's stay. In the event that I cannot be reached in an emergency, I hereby **give my permission** to the medical personnel and/or physician selected by the camp director to hospitalize, secure proper treatment for, and to order tests, injection, anesthesia, or surgery for my child

PERMISSION FOR MEDICATIONS

		, , , , , , , , , , , , , , , , , , , ,
	Tylenol (acetaminophen) – Adult Strength 325 mg or 500 mg	Every 4 hours as needed for pain or fever.
	Tylenol (acetaminophen) — Junior Strength 160 mg	Every 4 hours as needed for pain or fever.
	Advil (ibuprofen) 200 mg	Every 4 hours as needed for pain.
	Tums or similar antacid	For gastric distress
	Benadryl or generic	For allergies, itching
Please	e medications I bring for my chile check all that your child may	· ·
(X) Pa	arent/Guardian Signature	 Date
3151	MP PINNACLE Ritner Highway	/u···

Newville, PA 17241

(this is pre-camp address)