

Pocono Mountain Bible Conference - Summer Camp Registration Form Cover Sheet

please retain this sheet for your records

I. Registration: Registration will begin promptly at **4:00pm on Sunday and will end at exactly 5:00pm.** Please do not arrive too early as our staff will not be able to assist you before 4:00pm. Registration will be held in the Dining Hall. At registration, you will confirm your paperwork, make payment, deposit any spending money, drop off medication with our Nurse and choose the electives that your child would like to participate in during the week. Campers will be served Dinner at 5:30pm.

Note: We strongly encourage you to pre-register your child for their week of camp by mailing their registration form or faxing it to 570.842.4276. Some camping weeks fill up quickly and we cannot guarantee that we will have room for Walk-ons. Please understand that if you choose not to pre-register your child, you may end up making the drive to PMBC only to discover that we don't have additional room in our cabins. We would hate for that to happen, so please mail or fax your forms to us as early as possible. Thank you for your understanding.

II. What to bring: Campers should bring a Bible, notebook, pens, clothing, one dress outfit, bedding, sneakers, bathing suit (no two piece bathing suits are allowed), towels, soap, shampoo, tooth-brush, tooth-paste, phone card.

III. Homesickness: For many of our campers, this will be their first experience living away from home. We will try our best to encourage them to stay through the week and have an enjoyable time. If you think your child is likely to become homesick, please let our Nurse know at registration. Please be aware that frequent phone calls and visits are likely to encourage homesickness with our younger campers. You know your child best, so please use discretion in this area and help us to provide them with a fun and enjoyable camping experience.

IV. Visitation policy: Parents are welcome to visit during the week. The best time of day to visit is between 4:00pm and 6:00pm when the campers will have a little free time before and after Dinner (and they won't have to be pulled out of a game or special event). If you will be visiting, please notify our office ahead of time at **570.842.9746.**

V. Phone calls: A guest phone is available for camper use during their free time. The number is **570.842.4276.** Please give your child a calling card if you want them to be able to call from this phone. If you need to reach your child in an emergency, please call the camp office at **570.842.9746.** We will be happy to pass on any information to your child or encourage them to call you as soon as possible.

VI. Spending money: Several times during the day, the candy counter in our Rec. Hall will be open. Campers can buy ice cream, candy, soda and other treats. We do not accept cash at the candy counter. If you want your child to be able to buy snacks, please set up an "account card" for them during registration. During the week, their purchases will be subtracted from this card and the remaining balance will be returned to them when they sign-out on Saturday. This system is very helpful, especially for our younger campers who have a tendency to lose money.

VII. Sign-out Policy: At registration, you will be required to fill out a "sign-out form." This form will designate who is allowed to pick-up your child. Under no circumstances will we release your child to anyone other than those listed on this form. If someone other than you will be picking your child up at the end of the week, please make certain that their name is listed, along with your name on this form. **Pick up time is between 9:30 - 10:30am on Saturday.** Please arrive on time.

VIII. Picture: When you sign-out at the end of the week, you will have the opportunity to purchase a 4x6 picture of that week's group of campers for \$1.00 if you so choose.

IX. Sending Mail: Every day during either Lunch or Dinner, we have a mail-call. Every camper looks forward to receiving mail from home. Please consider sending your child a letter or a care package during the week. We're certain they will appreciate it. Please note that our addresses for letters and packages are slightly different.

Send letters to:
Your child's name
c/o PMBC
HC 1 Box 87
Clifton, PA 18424-9309

Send packages to:
Your child's name
c/o PMBC
HC 1 Box 87
87 Clifton Beach Rd.
Clifton, PA 18424-9309

Thank you for sending your child to Summer Camp at the Pocono Mountain Bible Conference. If you have any other questions that we can help answer, please give us a call at any time. We look forward to helping your child have the best week of their Summer.

Pocono Mountain Bible Conference - Summer Camp Registration Form

In order to register your child for Summer Camp, you must complete this form along with all appropriate medical information. Send the completed registration form along with payment to:

PMBC, HC1 Box 87, Clifton, PA 18424-9309

Please include all signatures. Should you have any questions, please feel free to call us at **570-842-9746** or visit us at **www.CampPMBC.com**.

FOR OFFICE USE ONLY

Week: J1 I1 Y1 I2 Y2 J2

Last Name: _____

Amount Pd: _____

Check No. _____

Child Attending:

Last Name: _____ First Name: _____ Circle: M F

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: ___/___/___ Phone Number: _____ Email: _____

Home Church: _____ Pastor/Church Representative: _____

Is it your first time camping at PMBC? _____ If no, how many years have you camped? _____

I prefer to room with _____ (One name only, please. We cannot guarantee that this request will be granted, but we will do our best.)

2009 Summer Camp Schedule (Please check appropriate week/weeks).

Junior Week 1	Ages 8-10	6/28/09 - 7/4/09	\$190.00
Intermediate Week 1	Ages 11-13	7/5/09 - 7/11/09	\$190.00
Youth Week 1	Ages 14-18	7/12/09 - 7/18/09	\$190.00
Intermediate Week 2	Ages 11-13	7/26/09 - 8/1/09	\$190.00
Youth Week 2	Ages 14-18	8/2/09 - 8/8/09	\$190.00
Junior Week 2	Ages 8-10	8/9/09 - 8/15/09	\$190.00

What to bring to camp:

Bible, notebook, pens, sleeping bag, towels, toiletries, one dress outfit, one piece bathing suit, pre-paid phone calling card, etc.

What NOT to bring:

CDs, video games, radio, harmful substances, pocket knives, two-piece bathing suit, etc.

Discounts (Please check all that apply and subtract from total due).

Early Registration (by June 13, 2009)	Discount \$10.00	
First time camper	Discount \$10.00	
Siblings also camping	Discount \$10.00 per sibling	

Camper Registration Time: 4:00-5:00pm on Sunday (NO campers will be registered before 4:00pm).

Departure Time: 9:30-10:30am on Saturday (NO accommodations are available for campers after 10:30am).

Parent/Guardian's Name _____ ***Signature:*** _____

Pocono Mountain Bible Conference - Health & Medical Record

Last Name: _____ First Name: _____

Social Security # _____ DOB: ___/___/___ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact#1: _____ Relationship: _____ Phone # _____

Emergency Contact#2: _____ Relationship: _____ Phone # _____

Health History

My child is allergic to the following:

___ Aspirin ___ Penicillin ___ Sulfa Drugs ___ Bee Stings ___ Foods: _____

___ Other _____ What is the reaction? _____

Treatment needed? _____

Are there any special medical problems or restrictions from certain activities? No Yes

If yes, please explain: _____

Please list any medical/surgical history with dates: _____

Any medical condition requiring medication? _____

Immunization Shots (give dates) DPT ___/___/___ Polio Opv ___/___/___ Measles ___/___/___

Mumps ___/___/___ Rubella ___/___/___ HIB ___/___/___

Hepatitis B ___/___/___ Date of last Tetanus ___/___/___

Please circle the over the counter medication PMBC may give your child:

Tylenol Benadryl Ibuprofen Pepto Bismal Immodium Sudafed

The information above is true and correct to the best of my knowledge:

Parent/Guardian Signature Date

Family Doctor _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of emergency, I understand that every effort will be made to contact the Parent or Guardian of the named camper. In the event they cannot be reached, I hereby give my permission to the physician selected by the PMBC Camp Director to hospitalize, X-ray, treat, order injections, anesthesia, or surgery to the camper.

Please Note: this MUST be signed if your child is under age 18.

Parent/Guardian's Signature Date Insurance Co. Name and Policy Number

***** A PHOTO-COPY OF YOUR MEDICAL INSURANCE CARD MUST ACCOMPANY THIS FORM. *****