

# Camper Application

for the summer of **2012**

1676 Crystal Lake Road, Hughesville, PA 17737

FAX: 570-584-0169

Web: [www.crystallakecamps.org](http://www.crystallakecamps.org)

E-mail: [camp@crystallakecamps.org](mailto:camp@crystallakecamps.org)

## Camper Info

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nick Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of June 1 \_\_\_\_\_ Grade in school before camp \_\_\_\_\_ Camper's email address \_\_\_\_\_

Sunday School presently attending \_\_\_\_\_ Name of Teacher or Superintendent \_\_\_\_\_ How long has the applicant attended a Christian Science Sunday School? \_\_\_\_\_

Sun. School Teacher's signature to confirm enrollment in CS Sun. School **X**

## Session & Payment Info

### Select session(s):

- S-1 6/23-7/6
- S-2 7/7-7/20
- S-3 7/21-8/3
- S-3a 7/21-7/27

### Select special programs (see website for special program fees):

- | Session 1                                     | Session 2                                      | Session 3                                     | Session 3a                                |
|---|--|---|---|
| <input type="checkbox"/> Horseback Riding     | <input type="checkbox"/> Horseback Riding      | <input type="checkbox"/> Horseback Riding     | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Eagle Rock Adventure | <input type="checkbox"/> L.T. (Part 1 of 2)    | <input type="checkbox"/> Eagle Rock Adventure | <input type="checkbox"/> Project Worker   |
| <input type="checkbox"/> Trailblazers         | <input type="checkbox"/> Trailblazers          | <input type="checkbox"/> Trailblazers         |   |
| <input type="checkbox"/> L.T. (Part 1 of 2)   | <input type="checkbox"/> C.I.T. (Part 1 of 2)  | <input type="checkbox"/> C.I.T. (Part 2 of 2) |   |
| <input type="checkbox"/> Project Worker       | <input type="checkbox"/> Hands-on Horsemanship | <input type="checkbox"/> Lifeguarding         |   |
|   | <input type="checkbox"/> Project Worker        | <input type="checkbox"/> Project Worker       |   |

**Base rates:** 1 wk (S-3a only) - \$600; 2 wks - \$1149; 3 wks - \$1699; 4 wks - \$2199; 5 wks - \$2699; 6 wks - \$3199

**\$150 Deposit required with each enrollment; Balance due May 1, 2011**

Deposit is non-refundable beginning March 1, 2010. Camp fees will not be refunded for cancellations received fewer than 4 wks prior to the camper's arrival, but may be applied (less the \$150 deposit) to the following summer's tuition.

## Parent/Guardian Info

<b>F</b> _____	Name _____	<b>M</b> _____
<b>A</b> _____	Home Address _____	<b>O</b> _____
<b>T</b> _____	City _____	<b>T</b> _____
<b>H</b> _____	State & Zip Code _____	<b>H</b> _____
<b>E</b> _____	Home Phone _____	<b>E</b> _____
<b>R</b> _____	Work Phone _____	<b>R</b> _____
<b>/</b> _____	Cell Phone _____	<b>/</b> _____
<b>G</b> _____	E-mail _____	<b>G</b> _____
<b>1</b> _____	Church Attending _____	<b>2</b> _____

Yes  No \_\_\_\_\_ # Years    Mother Church Member  Yes  No \_\_\_\_\_ # Years  
 Yes  No \_\_\_\_\_ # Years    Branch Church Member  Yes  No \_\_\_\_\_ # Years

**In case of emergency, first attempt to call:**  Father/Guardian 1  Mother/Guardian 2

**If parent or guardian cannot be reached, please contact:**

Name (Mr. Mrs. Miss) \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Practitioner Info

Name (Mr. Mrs. Miss) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Journal listed? \_\_\_\_\_

(You may write in "Camp Practitioner" if you prefer.) **(Over, please)**

# Parental Statement of Understanding & Agreement

## As a parent or guardian of a camper, I understand and agree to the following points:

- Crystal Lake Camps (CLC) is a camp for Christian Scientists. Therefore, reliance on prayer is the primary and first method of healing practiced while at CLC for any physical or emotional need. This also means that no medications of any kind are allowed at camp.
- In the case of illness or injury, the camp will contact me promptly to ascertain my treatment preferences. Until I can be contacted, care will be provided at the direction of the Camp Director.
- The Christian Science Practitioner and Christian Science Nurse employed by CLC are listed in the *Christian Science Journal*, and are provided at no charge to the camper while at camp.
- I may choose to employ a Christian Science Practitioner other than the camp-provided Practitioner, or may request medical care at any time. In such cases, I assume all financial responsibility for the care. If my child has health care coverage, I will provide CLC with a copy of the insurance provider identification card. When necessary, CLC will provide transportation to the nearest facility for medical treatment. I may need to travel to the medical facility to assume care of the minor and CLC will provide assistance to help me make such arrangements, if the minor is not able to return to the camp within a few hours.
- No camper with a communicable disease may come onto the CLC property. CLC can provide specific information related to this requirement, if requested. The Camp Director has the discretion to determine whether a child is physically fit for acceptance as a camper at CLC.
- Because CLC strives to create a community of high moral standards, campers will refrain from condoning, using, or verbally supporting alcohol, tobacco, drugs, sexual activity outside of marriage, vulgar language, bullying, any harassing words or activities like fighting and inappropriate touching of other campers or CLC staff, telling inappropriate jokes or stories, and any illegal activity.
- Camp is designed as a group experience and needs the cooperation of everyone to function harmoniously, which means campers are expected to respect themselves and others around them by participating in camp activities and not engaging in exclusive behavior, by performing their assigned daily duties including cleaning in and around living quarters and other camp buildings, dressing appropriately, practicing adequate personal hygiene, and being on time to activities. Younger campers are guided and assisted by staff in the performance of these activities.
- If at any time the camper's influence is considered disruptive or harmful and his/her presence is regarded as unsafe or undesirable, and no progress is observed toward rectifying the situation, CLC reserves the right to dismiss the camper from the program. Such dismissal will be without refund or reduction of tuition, and I will bear all costs associated with transporting the camper home early.
- I understand that my child may be participating in outdoor activities such as rock climbing, horseback riding, ropes course, tree-climbing, hiking, outdoor-camping, sports, boating, and swimming that involve some inherent element of risk. I understand that my child will be supervised in these activities according to American Camping Association guidelines, but that not all risk can be removed. I agree to identify in writing any known issues related to my camper's participation in these activities which CLC should be aware of in advance of a camper participating in these activities.
- I will keep CLC informed of any change in contact information, including any vacation trips that may occur while my child is at camp. I also agree to be in a position to be contacted within a reasonable amount of time while my child is in the care of CLC. If unable to contact either parent, CLC will contact the person identified as the camper's emergency contact.
- I, on behalf of my child and myself, release and waive any claim of liability against Crystal Lake Camps and its staff with respect to any injury, illness, or death occurring from camp activities. My signature on this application authorizes my child to participate in all camp activities and trips both on and off Crystal Lake Camps' property.

## Please check the statements that apply:

- This child is in good health.
- This child is currently receiving Christian Science treatment for \_\_\_\_\_.
- This child is currently receiving medical treatment for \_\_\_\_\_.
- This child is a vegetarian/vegan (circle one, if applicable)

## Does this child have any special needs not mentioned above about which the Camp Director should be informed?

Yes. Please give details (attach additional page, if necessary):

No.

**I/We have read and agree with the above Crystal Lake Camps Parental Statement of Understanding and Agreement. The above information given about the camper is accurate as of the below date. I/We agree to inform Crystal Lake Camps immediately of any changes in the above information. (Both legal custodians of the camper must sign.)**

\_\_\_\_\_  
Father (or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date