



### EASTERN PENNSYLVANIA CHRISTIAN SERVICE CAMP REGISTRATION CARD

Complete both sides of this card and return the card and your deposit to your church's registration person or mail to Camp Epachiseca, 23 Zaners Bridge Road, Stillwater, PA 17878.

Name: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which week are you attending?: \_\_\_\_\_

**NOTE:** A non-refundable deposit of **\$25.00** must accompany this card for all weeks except First Chance Camp. Registrations postmarked by midnight June 15th are eligible for an Early Bird Bonus (all camp fees and details are found in our Camp Brochure or are available online at [www.campepachiseca.com](http://www.campepachiseca.com). **CHECKS SHOULD BE MADE PAYABLE TO "E. PA Christian Service Assembly."** If your church plans to pay any or all camp fees, please specify the exact amount below. **YOUR CARD MUST BE SIGNED BY AN ELDER OR MINISTER.**

Church Name: \_\_\_\_\_ Our Church Will Pay(write in dollar amts.): \$ \_\_\_\_\_

Deposit amt. enclosed: \$ \_\_\_\_\_ Balance due: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Minister or Elder's signature(for church to pay): \_\_\_\_\_

We have read and agree to the attached camp dress code: \_\_\_\_\_ Date: \_\_\_\_\_

Camper signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



### EASTERN PENNSYLVANIA CHRISTIAN SERVICE CAMP HEALTH CARD

Complete both sides of this card and return the card and your deposit to your church's registration person or mail to Camp Epachiseca, 23 Zaners Bridge Road, Stillwater, PA 17878.

I attest that \_\_\_\_\_ is in good physical condition and is able to participate in all camp activities.

EXCEPTIONS: \_\_\_\_\_

If camper has a history of allergies, please list: \_\_\_\_\_

\_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Health Insurance Co. Name: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for the camp to dispense over the counter drugs in the case of an illness: YES  NO

EXCEPTIONS(see brochure for list): \_\_\_\_\_

**IN CASE OF EMERGENCY:** I hereby give permission to the physician selected by the camp manager or dean to secure treatment of my child as named on this card. Doctors' services, treatments, or hospitalizations which exceed the camp's insurance coverage are to be charged to our family insurance or to me personally. If there is only one legal guardian, write **NONE** on the other line. Signatures are required for child to participate in camp. They also acknowledge that the parents/guardians have read and agree to the **RISK OF INJURY & WAIVER OF LIABILITY** statements as they appear in the attached letter. **Father/Male Guardian (signature & date):** \_\_\_\_\_

**Mother/Female Guardian (signature & date):** \_\_\_\_\_

**MEDICATIONS BROUGHT TO CAMP(to be filled out by Camp Nurse):** \_\_\_\_\_



# CAMP EPACHISECA

(Eastern Pennsylvania Christian Service Camp)

## RISK OF INJURY & WAIVER OF LIABILITY

Parental or Guardian signature(s) on the Camp Registration Form indicate that they have read and agree with the following items:

I hereby give permission for my child to participate in all recreational, swimming and learning activities featured during the camp week and for my child to be bound by all current camp policies. I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp, and interaction with other children of similar ages, may subject my child to a risk of injury.

I release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold the Eastern Pennsylvania Christian Service Camp, its staff management, faculty, volunteers or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.

In case of emergency, I hereby give permission to the physician selected by the camp management or Dean to secure proper treatment for my child. Doctors' services, treatments or hospitalizations are to be charged first to the camp accident insurance and then to our family insurance or to me personally. I understand that the Eastern Pennsylvania Christian Service Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.

## CAMPER DRESS CODE

The watchword for camper dress is **MODESTY**. The Dean of each camp week reserves the right to make appropriate judgments on camper clothing. The purpose of camp is all centered around our relationship with Christ, so we want to create an atmosphere free of distractions in order to accomplish our purpose. Please select clothing (shirts, shorts, pants, etc.) which reflect modest style. Please note the following:

- THERE WILL BE NO UNDERWEAR, BOXERS OR BRA STRAPS VISIBLE AT ANY TIME.
- NO PLUNGING NECKLINES, CROP TOPS (BELLY SHIRTS), OR SPAGHETTI STRAP TOPS.
- NO SHORT SHORTS. SHORTS MUST HAVE A 5 INCH INSEAM.
- ALL MAKE-UP FOR GIRLS MUST BE KEPT TASTEFUL AND NO THEATRICAL MAKE-UP WILL BE PERMITTED. THIS INCLUDES BLACK LIPSTICK, GLITTER MAKE-UP, WHITE FACE-PAINT, ETC.
- THERE WILL BE NO COLORING OF HAIR WHILE AT CAMP.
- NO BODY PIERCINGS ARE PERMITTED, EXCEPT FOR IN THE EARS. NO HANGING CHAINS FROM POCKETS.