



Summer Camp Registration 2021



Camper Information

Name _____

Street Address _____ Birthdate _____ Grade Completed _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Allergies _____ Dietary Needs _____

T-shirt size: Child S M L
 Adult S M L XL 2XLXXL

☐ Handicap accessible room needed? Other Special Requests _____

How did you hear about Camp? _____ Name of Home Church _____

Session Choice

☐ Do NOT share my contact information with other campers

Session Name _____ Start Date _____

Cabin mates / Room Assignment _____

Parent / Guardian / Emergency Contact Information

Name	Relationship	Home Phone	Cell Phone	Email

Payment (Make check or money order payable to Pilgrim Heights Camp & Retreat Center.)

Total Session Fee: \$ _____

Financial Support By Others: (Payments to be made by Your Church require the Pastor's Signature)

Payments by Others: - \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Pastor's Signature _____

(Payments to be made by Your Church require the Pastor's Signature)

Deposit: \$50 non-refundable deposit due at Registration.

Amount Enclosed: - \$ _____

Remaining Balance: \$ _____

Registration: You will receive confirmation upon receipt of registration along with a [Health Form](#). Each year, all campers, regardless of age, must submit a current [Health Form](#). Campers under the age of 18 are also required to provide documentation of a current physical examination, within 12 months. These documents must be returned by Check-In. The information on all medical forms is kept confidential.

Terms of Agreement: I grant permission for my camper to participate in all camp activities including swimming, boating, low ropes challenge activities and potentially off site trips by van or bus. In case of accident or illness, Pilgrim Heights is authorized to secure emergency transportation and medical treatment for my camper. Pilgrim Heights has my permission to use photographic images of my camper for official use without compensation.

Parent/Guardian Signature _____ Date _____

www.PilgrimHeights.org
alexa.lloyd@PilgrimHeights.org

3005 E Avenue
Montour, IA 50173

ph: (641) 492-6165
fax: (641) 492-6289

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2011) ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information**Parent/Guardian #1**

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release**Emergency Contact #1**

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information**Insurance Information**

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem**Required treatment****Should paramedic be called?**

_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Please list all required medication.

Yes___ No___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes___ No___ If yes, explain: _____

Does your child require a special diet?

Yes___ No___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Trenton Film Society or its Trenton Youth Filmmakers Mini-Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about the Pilgrim Heights Camp and Retreat Center.

After School Program Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Trenton Youth Filmmakers Mini-Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Trenton Youth Filmmakers Mini-Camp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Trenton Youth Filmmakers Mini-Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Trenton Film Society and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____