

# WINTER/SPRING 2011 REGISTRATION FORM



**TEEN HAVEN**  
Equipping urban youth through  
Christian faith & guidance.

As you will notice the camp fee for each camper is \$10.00. Please note, the actual cost of camp is over \$180 per weekend for each camper, the difference between your registration fee and the actual cost of camp is covered by donations from individuals and churches which support our ministry. *Additional donations are welcomed, to help sponsor your own child.* Please consider giving what you can!

**(PARENTS, PLEASE PRINT & COMPLETE ALL THE INFORMATION)**

WEEKEND OF CAMP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) M ( ) F

CAMPERS NAME \_\_\_\_\_

STUDENT SCHOOL DISTRICT: School District of \_\_\_\_\_, Other \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ Additional PHONE \_\_\_\_\_

EMERGENCY CONTACT (not same as parent/guardian) \_\_\_\_\_ EMERGENCY CONTACT PHONE# \_\_\_\_\_

MEDICAL INSURANCE CO \_\_\_\_\_ POLICY# \_\_\_\_\_

1. Is your child taking any medications? YES or NO What kind? \_\_\_\_\_

What for? \_\_\_\_\_

2. Does your child have any allergies, asthma, etc? YES or NO What kind? \_\_\_\_\_

TREATMENT FOR THE ABOVE \_\_\_\_\_

3. Is your child allergic to any medication? YES or NO What kind? \_\_\_\_\_

4. Name of Primary Physician/Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

**PAYMENT INFORMATION**

*Reminder to not mail cash payments!  
(Camp payments are non-refundable)*

CAMP PAYMENT \$ \_\_\_\_\_

Donation Appreciated \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

DATE OF TRIP \_\_\_\_\_

One date - one camper per form

**CONSENT & RELEASE FORM**

As parent or legal guardian of the above named camper. I give my permission for my child to go to Teen Haven Camp. I do hereby release and indemnify Teen Haven and/or Water Street Ministries of any and all responsibility resulting from injuries, which may be obtained by my child in route to or from, or while at Teen Haven Camp. I hereby give Teen Haven staff and/or volunteers full permission and authorization to secure emergency medical treatment for my child in the event that I cannot be reached. I understand the likeness of my child may appear in camp/activity photographs and permit Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.

\_\_\_\_\_  
Parent or Guardian Signature

For Questions contact the City Center near you: **Philadelphia: 215-226-2050 Lancaster: 717-392-1995 York: 717-852-7982**  
Or to learn more about Teen Haven visit us online at: [www.TeenHaven.org](http://www.TeenHaven.org)