



Birdsboro Community

201 East Main Street*Birdsboro, PA 19508*610-582-2471

2019 Camp Adventure Application

Camper name: _____

Age: _____ date of birth: _____ Male/Female

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

School: _____ Grade: _____

Primary Contact:

Name: _____

Relationship to member: _____ Cell: _____

Employer: _____ Work phone: _____

Email address: _____

Medical Information:

Daily Medication Needed: _____

In the event I cannot be contacted, I give the Birdsboro Community Memorial Center permission to obtain emergency medical care for my child at the nearest hospital

Initial: _____

Insurance Carrier: _____

Does the member have any special needs/health issues (include allergies):

Any Medications: _____

Any other medical information our staff should know about:

I hereby give permission and consent for my child to participate in any and all activities provided by Camp Adventure. I understand that all safety precautions will be taken and I will not hold the BCMC, it's staff, volunteers, or officials legally liable for any damage suffered by my child including any personal injury, bodily injury, including dental, which arises out of my child's participating in its activity, program, or field trip.

Initials: _____

Please fill out anybody who is authorized to pick up our campers, and their relationship to the camper:

If on any given day, one of the listed below people are not able to pick up your child, you must call BCMC to inform who is picking them up. (Please provide BCMC with any documentation of custody / divorce issues that may arise with pick up)

Name and Relationship:

Example: John Smith - Father

Parent/Guardian Signature

Date

Parent/Guardian Name