



# Birdsboro Community

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

## 2020 Camp 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