

# 2017 PARENT/CHILD REGISTRATION

(2017 Summer Registration on other side)

Dear Registrar,

I give permission for my child(ren) and myself to participate in all camp activities, out of camp trips, and to receive emergency treatment. The parent/child named on this form agree to be included in any photographs and/or video production and any Haycock-related mailings.

\_\_\_\_/\_\_\_\_/\_\_\_\_ x \_\_\_\_\_  
Date Signature of Attending Adult

\_\_\_\_/\_\_\_\_/\_\_\_\_ x \_\_\_\_\_  
Date Signature of Parent or Guardian

**Note:** Please complete a separate registration form for each parent/child program. Registrations should be received one week prior to camp sessions.

A \$100.00 non-refundable, non-transferable deposit per program **MUST** accompany all registrations. This deposit is applied to the camp fee.

All campers are welcome regardless of race, color, sex, religion or national origin.

Contact the office at 610-346-7155, [info@haycock.org](mailto:info@haycock.org) or [www.haycock.org](http://www.haycock.org) for more information.

We strive to plan a menu that will be enjoyed by our campers and will provide nutritious choices at each meal. Please understand that although we include several options during meal-times, it is not always possible for Haycock to cater to the needs of individual campers with significant dietary restrictions. We ask that you provide pre-made frozen meals as an alternative for any dietary restrictions.

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Additional Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone for \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Child's Cabin Mate Request \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

**For each camper and parent please indicate below any known allergies or health conditions requiring treatment, restrictions or other accommodations while at camp.**

**Medical payments are required at the time services are rendered (excluding hospital care). Haycock Camping Ministries is NOT responsible for medical costs incurred by parent or child while at camp.**

## PARENT/CHILD PROGRAMS

(Please check appropriate box)

- Father & Daughter Spring Retreat** (Girls 7-16)..... \$170/pair  
 May 5-7 .....(Additional Camper \$85)
- Dad & Lad Overnight** (Boys 5-12)..... \$100/pair  
 June 2-3 .....(Additional Camper \$50)
- Mother & Son Overnight** (Boys 5-12) .....\$100/pair  
 June 9-10 .....(Additional Camper \$50)
- Mother & Son Extreme!** (Boys 11-16) ..... \$120/pair  
 June 9-10.....(Additional Camper \$60)
- Father & Daughter Canoe Adventure** (Girls 12 and up) \$170/pair  
 June 9-11 .....(Additional Camper \$85)
- Mother & Daughter Overnight** (Girls 5-12) ..... \$100/pair  
 June 16-17.....(Additional Camper \$50)
- Mother & Daughter Extreme!** (Girls 11-16) ..... \$120/pair  
 June 16-17.....(Additional Camper \$60)
- Father & Son Summer Mini Camp** (Boys 7-16) ..... \$170/pair  
 July 16-18 .....(Additional Camper \$85)
- Father & Son River Adventure** (Boys 12 and up)..... \$170/pair  
 Aug 18-20.....(Additional Camper \$85)
- Father & Son Fall Classic** (Boys 7-16)..... \$170/pair  
 Sept 8-10.....(Additional Camper \$85)

Checks should be made payable and sent to:

**Haycock Camping Ministries  
3100 School Rd.  
Kintnersville, PA 18930**

### Card Payment: VISA / Mastercard / Discover

(Deposits non-refundable/non-transferable)

Card# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Exp. Date

Amt. Charged

\_\_\_\_\_  
Please Print Name of Card Holder

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Billing Address: (if different from mailing address)

T-Shirt Size (circle 2)  
Youth S, M, L,  
Adults S, M, L, XL, 2X