



Summer Day Camp

First Presbyterian and Berwick Christian Church

In Partnership with Krislund Camp

This day camp is an outreach ministry of First Presbyterian, and Berwick Christian Churches. Programming is provided by Krislund Camp staff and church volunteers. All of whom have undergone background checks. The churches will have adult volunteers present during the entire program.

The day camp programming includes a portable version of the camp staples, "The Gaga Ball Pit", and "9 Square In The Air". Kids will sing songs, play games and do crafts. The central piece of all programming however, is the gospel. Campers will participate in a daily Bible study and be given the chance to grow closer to the Lord.

When	July 30-August 3 Monday, Tuesday and Wednesday: 9:00 AM until 4:00PM Thursday 9:00 until Friday at 4:00PM: The camp will "travel" to Krislund Camp in Madisonburg, PA (2 hours) to experience all that the camp has to offer....climbing wall, ropes courses, zip line, swimming, hiking, campfire and outdoor worship, as well as spending the night in camp lodging. We will return to First Presbyterian on Friday by 4:00PM for parent pick up. Transportation will be provided by the churches.
Who	Children who have finished Kindergarten - finishing 8 th grade.
Where	All programming will take place at First Presbyterian Church this year. The address is 320 Market Street, Berwick, PA 18603. Phone: 570-759-9461 The camp will travel to Krislund on Thursday and return on Friday.
Cost	There is no cost to the participant
Meals	Lunch will be provided by the church Monday through Thursday. All meals will be provided while at Krislund (dinner, breakfast and lunch).
Transportation	On Thursday the campers will be transported to Madisonburg, PA by a local bus company and/or church volunteers.
What should I bring?	Wear comfortable clothes and sturdy footwear (sneakers) every day. Campers should bring a backpack each day containing sunscreen, sunglasses, hat, water bottle and a light jacket (just in case).
How do I register?	Mail the attached registration packet to First Presbyterian Church, PO Box 325 Berwick, PA 18603. Call 759-9461 or email bwkpresby@pa.metrocast.net with questions. You will need to complete the church permission form and the camp health form.
More info...	Visit www.krislund.org

Information for the overnight trip on Thursday-Friday:

<p>Does my child have to go on the overnight trip?</p>	<p>No, however we hope you will encourage your child to experience a night at Krislund! It's a night of worship and fun that campers come home really excited about.</p> <p>If you choose for your child to not attend the overnight trip to Krislund, then they will complete their week of Day Camp at 4:00 on Wednesday since we will be leaving for the overnight on Thursday morning and not returning until Friday afternoon.</p>
<p>Can I attend the overnight trip with my child?</p>	<p>No. Due to liability and security concerns, we cannot allow parents to stay with their child at Krislund. However, you do have the option of transporting your child to and from Krislund instead of having them ride on the bus or with the church staff.</p> <p>Please trust that your child is in good, caring hands while attending day camp and the overnight trip.</p>
<p>What should my child pack for the overnight trip?</p>	<p>Sleeping Bag and Pillow Shoes (sneakers) Socks (bring extra) Clothing (shorts, tshirts, sweats, etc) Jacket (raingear) Towels (2, one for shower and one for the pool) Pajamas Toiletries (shampoo, toothbrush/paste, hairbrush, personal items) Swimsuit (modest, one-piece for girls) Sandals/Flip Flops (for at pool and shower only) Backpack Flashlight Bug Spray Sunscreen Water Bottle Hat Security item (stuffed animal, blanket, etc)</p>
<p>What not to bring</p>	<p>Electronic devices (phones, ipods, games, etc.) Expensive Jewelry Food, candy, drinks (everything will be provided) Expensive clothing (this is camp....) Weapons (firearms, knives, etc) Revealing or offensive clothing</p>

**First Presbyterian, and Berwick Christian Church
Day Camp 2018 July 30-August 3**

In Partnership with Krislund Camp

Camper Information:

Name: (Last) _____ (First) _____ Male / Female (circle one)
Age _____ Birth date _____ - _____ - _____ Grade Completed in 2018 _____
Parent or Guardian name(s): _____
Email: _____
Address: _____ City _____ State ____ Zip Code _____
Best # to be reached at _____ Secondary # _____
Emergency Contact - Name: _____ Phone #: _____
Church Affiliation _____

Will your child be participating in the overnight trip to Krislund Camp in Madisonburg, PA from Thursday August 2nd to Friday August 3rd, 2018?

_____ **YES**

_____ **NO (if NO, then your child will complete their week of Day Camp on Wednesday at 4:00pm)**

Consent and Release from Liability:

I hereby give _____ my permission to participate in the activities First Presbyterian, and Berwick Christian Church Day Camp from July 30-August 3.

I hereby give my permission for the child mentioned above to participate in the camp including, but not limited to, transportation to and from Krislund Camp in Madisonburg, PA. I also release all camp leaders and ministry partners as well as First Presbyterian, and Berwick Christian Churches and their members and staff from any liability that may arise. I have been informed that all camp leaders have provided background checks and clearances.

In the event I cannot be reached at the numbers provided, I expressly give my consent to First Presbyterian, and Berwick Christian Church, camp leaders, and their ministry partners, to make any and all decisions concerning the above-mentioned child's health and treatment if any emergency should arise. By signing below I also release First Presbyterian, and Berwick Christian Church, camp leaders, their ministry partners and all their families as well as any other people associated with this organization from any liabilities, law suits, expenses, or any legal or other action on my part that may ensue.

I give permission for the use of photographs and video including my child to be used in publicity including Church websites or newsletters or local newspapers.

Signature of Parent/Guardian _____ Date _____



KRISLUND CAMP & CONFERENCE CENTER

189 Krislund Dr., P.O.Box 116 Madisonburg,

TRAVELING DAY CAMP HEALTH FORM

The **TRAVELING DAY CAMP HEALTH FORM** must be provided at time of check-in before the camper is able to participate in Krislund Traveling Day Camp Activities.

Camper's name: _____ DOB _____ Gender ____ Grade Completed _____

Parent or Guardian: _____ Phone: (____) _____

Home Address: _____

Business Address: _____

E-mail: _____ Mobile Phone (____) _____

Second Parent/Guardian/Emergency contact: _____

Relationship: _____ Phone (____) _____

Other emergency contact: _____

Relationship: _____ Phone (____) _____

IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE

This health history is correct so far as I know, and may be photocopied for trips out of camp. It is understood that the summer activities, described in the brochure, include managed risk activities (i.e., caving, hiking, low ropes, wall climbing, and high ropes). The person named above has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Camp Administrator to: provide routine and emergency health care; administer medications; order X-rays, routine tests, treatment; release any records necessary for insurance purposes; and provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the Camp's health care manager to secure and administer necessary treatment, including hospitalization, for the person named above.

SIGNATURE of parent/guardian : _____ Date: _____

Medical Insurance Information

Insurance carrier: _____

Policy Holder: _____ DOB: _____

Policy or group #: _____

Camper's coverage/ID #: _____

Name: _____

Unit: _____

Year: _____

Health History

Date of last tetanus vaccination: _____

Are all the camper's recommended childhood vaccinations current? Yes: _____ No: _____

If No, explain:

Current Medical Conditions under Treatment:

Current medications:

(All campers who will be taking medications while at camp will need to meet with the camp Health Care Manager)

<input type="checkbox"/>	Medication	Dose	Time to be taken
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Check this box if the medication is to be continued while at camp

Medication/Food Allergies: (Please note, our kitchen is not gluten or nut free.)

Consent (Activities / Photo Release)

In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Krislund Center Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named above

- I have read and understand that I agree to abide by the refund policy and agree to pick my child up early for illness or disciplinary reasons.
- I give permission for me/my child to participate in the activities of Krislund Camp & Conference Center recognizing there is an element of risk in any adventure, sport, or activity associated with the outdoors.
- I permit my child to be transported to and from Krislund Camp in Madisonburg, Pa by the Sponsoring Church personnel to participate in camp approved activities.
- I give permission for the use of photographs and video including me/my camper or articles written by me/my camper to be used in publicity including the Krislund Camp & Conference Center website and internet sites promoting or reporting on Krislund.

Parent or Guardian's Signature _____ Date: _____