

# Kettle Creek Environmental Education Center's



## ADVENTURE CAMP



June 17<sup>th</sup> - 21<sup>st</sup> or July 29<sup>th</sup> - August 2<sup>nd</sup>, 2024  
8am - 3:30pm (campfire dinner until 9pm on Thursday)

Ages 11-13

Cost: \$210 per Child

Late Pick-Up Available 3:30pm-6pm for \$10/Day

**Registration is Limited!**

Please sign and return completed registration and medical form to:

Kettle Creek Environmental Education Center

8050 Running Valley Road

Stroudsburg, PA 18360

*Checks should be made payable to MCCD (Monroe County Conservation District)*



### 2024 Kettle Creek Adventure Camp Application Form

Camper Name: \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_ Age during camp: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Alternative Phone#: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Is the camper allergic to anything? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is the camper taking medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Other medical notes: \_\_\_\_\_

Do we have permission to use pictures of your child for publicity purposes? ☐ Yes ☐ No

**Camp Week: Choose ONE only**

☐ June 17<sup>th</sup> – 21<sup>st</sup> ☐ July 29<sup>th</sup> – August 2<sup>nd</sup>

Late pickup is offered at an additional cost of \$10 per day until 6pm. Please note dates/times late pickup is needed:

☐ Monday Time: \_\_\_\_\_ ☐ Tuesday Time: \_\_\_\_\_ ☐ Wednesday Time: \_\_\_\_\_ ☐ Friday Time: \_\_\_\_\_ |

Camp Fee: \$210 + Late Pick Up Fee (\$10 per day) \_\_\_\_\_ = \$ \_\_\_\_\_ Total

**PLEASE MAKE CHECKS PAYABLE TO MCCD**

**Please Note:** Refunds will only be given if notification is made to MCCD at least seven days prior to program.

Signing this application releases the Monroe County Conservation District (MCCD) and Monroe County from all claims for accidents/injuries incurred by the applicant in the normal course of instruction. Signed parents/guardians also agree that, in the event of camper injury/illness, if the parent/guardian cannot be contacted, that parent/guardian gives permission to the MCCD Staff to obtain competent medical assistance.

GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

8050 Running Valley Road  
Stroudsburg, PA 18360

Admin/Technical: 570-629-3060  
Env. Education: 570-629-3061  
www.mcconservation.org



MONROE COUNTY  
CONSERVATION DISTRICT



## Adventure Camp 2024 Medical Information Form

(Must be filled out, signed and returned. Campers will not be permitted at camp without it)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone : \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does the camper have any allergies? \_\_\_\_\_ Please list: \_\_\_\_\_

Is the camper taking any medications? \_\_\_\_\_ Please list: \_\_\_\_\_

*(Note: All medications to be taken during camp must be given to camp staff)*

Please list any restrictions or special medical conditions of which the camp staff should be aware:

Please list any dietary needs: \_\_\_\_\_

Does the camper know how to swim? \_\_\_\_\_

Signing this form releases the Monroe County Conservation District, the Kettle Creek Environmental Education Center and Monroe County from all claims for accidents or injuries incurred by the camper during camp time. Signed parents also agree that, in the event of camper injury or illness, if the parent cannot be contacted, that parent gives permission to the camp staff to obtain competent medical assistance.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_