Kettle Creek Environmental Education Center's



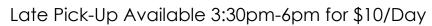
ADVENTURE CAMP



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

Ages 11-13

Cost: \$210 per Child



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 Applica	tion 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 any	rthing? If yes, explain:				
Is the camper taking medica	tion? 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 th − 21 st ☐ July 29 th − August 2 nd					
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	e: \$210 + Late Pick Up Fee (<i>\$10 per day</i>)	= \$ 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



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:				
Date of Birth:	Age:	Sex	::	
Parents or Guardians:				
Phone 1:	Phone 2:			
Emergency Contact:	Re	lationship:		
Phone :				
Family Doctor:		Phone #:		
Insurance Company:	Polic	y #:		
Does the camper have any allergies	?Please	e list:		
Is the camper taking any medication	ns? Plea	ase list:		
(Note: All medications to be taken during	ng camp must be given	to camp staff)		
Please list any restrictions or specia	l medical conditions o	f which the ca	amp staff should be aware:	
Please list any dietary needs:				
Does the camper know how to swim	1?			
Signing this form releases the M Education Center and Monroe Cour camp time. Signed parents also ag contacted, that parent gives pe	nty from all claims for gree that, in the event	accidents or i of camper inj	njuries incurred by the campe jury or illness, if the parent cal	er durino nnot be
Parent or Guardian Signature:			Date:	
Printed Name:				