## Kettle Creek Environmental Education Center's



ADVENTURE CAMP



August 5<sup>th</sup> - 9<sup>th</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)

談 2024 Kett	le Creek Adventure Camp Applicati	ion 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 p	pictures of your child for publicity purposes? [	]Yes 🗌 No	
	Camp Week:		
	August 5 <sup>th</sup> – 9 <sup>th</sup> , 2024		
Late pickup is offered at an addition	al cost of <u>\$10 per day</u> until 6pm. Please note c	lates/times late	pickup is needed:
🗌 Monday Time: 🗌 Tuesd	lay Time: 🗌 Wednesday Time:	🗌 Friday Ti	me:
Camp Fee: \$210 + La	ate Pick Up Fee (\$10 per day) =	\$	_ Total
PI	LEASE MAKE CHECKS PAYABLE TO MCCD		
Please Note: Refunds will only be	e given if notification is made to MCCD at le	east seven day	s prior to program.
	he Monroe County Conservation District (M by the applicant in the normal course of ins		

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:			<u> </u>	
City:				
Date of Birth:	_ Age:	Se	ex:	
Parents or Guardians:				
Phone 1:	Phone 2:			
Emergency Contact:	R	elationship: _		
Phone :				
Family Doctor:		Phone #: _		
Insurance Company:	Polic	cy #:		
Does the camper have any allergies? _	Pleas	e list:		
Is the camper taking any medications?	Ple	ase list:		
(Note: All medications to be taken during c	amp must be given	to camp staff)	1	
Please list any restrictions or special me	edical conditions o	of which the c	camp staff should be aware:	
Please list any dietary needs:				
Does the camper know how to swim? _				
Signing this form releases the Mon Education Center and Monroe County camp time. Signed parents also agree contacted, that parent gives permit	from all claims for e that, in the even	<sup>r</sup> accidents or t of camper ir	<sup>·</sup> injuries incurred by the cam njury or illness, if the parent o	per during cannot be
Parent or Guardian Signature:			_Date:	
Printed Name:				