

PLEASE COMPLETE A REGISTRATION FORM FOR EACH WEEK ATTENDING

**Delmarva Christian Service Camp  
2010 Registration Form**

CHECK ONE WEEK YOU WISH TO ATTEND

- Senior High 9-12<sup>th</sup> : June 20-25 **\$110**     Junior High 7-8<sup>th</sup> : June 27-July 2 **\$110**  
 Juniors 5-6<sup>th</sup> : July 18-23                    **\$110**     Beginners 3-4<sup>th</sup> : July 25-30    **\$110**  
 MMAD 8-12<sup>th</sup> grade: Aug 1-7 **\$110**     First Timers 1-2<sup>nd</sup> : Aug 8-10    **\$55**

**\*\* Minimum \$5.00 deposit required (will be deducted from tuition total)\*\***

**PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_  Male     Female

Street \_\_\_\_\_ Birth date \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

1<sup>st</sup> Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

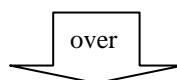
Phone \_\_\_\_\_

2<sup>nd</sup> Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Church Congregation \_\_\_\_\_

Grade entering this fall \_\_\_\_\_



**HEALTH RECORD** (required by State law)

Camper's Name \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medication(s) & Diagnosis \_\_\_\_\_

Please List any recent surgery, injury, health, or emotional condition that the camp dean and nurse should be aware of that might restrict your child from participation in camp activities \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Has your child had a physical in the past 12 months?  Yes  No  
(physical required by Delaware Dept of Health)

I, the undersigned, do grant permission that my child be given non-prescription Medication by the Camp Dean or Nurse, should they deem it necessary.

List Exceptions \_\_\_\_\_

In case of emergency I give my permission for a representative of Delmarva Christian Service Camp to seek necessary medical attention from qualified personnel for the health and well being of my child. In addition, I have read the registration brochure and have discussed the dress code, rules, and policies with the camper named above and we agree to abide by them.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit I have enclosed \$ \_\_\_\_\_ (balance due at time of check-in)

**Mail Form and Deposit to:**  
Make checks payable to DCSC  
(\$20 service fee for all returned checks)

DCSC  
143 Turner Dr  
Dover DE 19904

Do not send camper/staff mail to this address

**FOR REGISTRAR USE ONLY**

Deposit Paid \$ \_\_\_\_\_ CK # \_\_\_\_\_ Date \_\_\_\_\_

Balance Due \$ \_\_\_\_\_ CK # \_\_\_\_\_ Date \_\_\_\_\_