

BLUE BELL CAMP

Box 444 • Blue Bell, PA 19422 • 215-646-4444 • www.BlueBellCamp.net

Camper Information							
Last Name		First Name			Date of Birth	Present Age	
Address: Street		City	State	Zip	School	Grade 2017-2018	
Prior Camps:							
Interests:							
Family Information							
Father/Guardian Name		Home Phone	Cell Phone	Business Name		Phone	
Mother/Guardian Name		Home Phone	Cell Phone	Business Name		Phone	
Primary Family E-mail Address:							
Brothers/Sisters: 1. Name		Date of Birth	2. Name		Date of Birth	3. Name	
Doctor Information							
Name		Address			Phone		
My child has received or is currently receiving regular care from a physician or therapist, has received a diagnosis, and/or is taking prescriptive medication: Yes No							
If yes, please explain:							
Camp Information							
Comments and Group Requests: (Groups are determined by a combination of age and school grade. Group requests may be changed in writing until May 1st.)							
Transportation: Self-driver Provided by camp							
Camper Tee Shirt Size: Extra Small Small Medium Large Adult Small Adult Medium							
PARENT'S CONSENT							
We understand that the program at Blue Bell Camp offers a variety of activities including some that are physical and/or athletic. By enrolling our child, we consent to their participation in all camp activities and transportation and agree that Blue Bell Junior Camp, Inc. does not assume responsibility for any injury or illness. Photographs/videos/DVDs of our child may be used in informational camp materials including camp photo galleries.							
To AGREE , please provide your electronic signature (type your name) below.							
Electronic Signature					Date		
<p><i>To submit the registration form, please save this PDF file to your computer and attach it to an e-mail addressed to Registration@BlueBellCamp.net</i></p>							