

BLUE BELL CAMP

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

REGISTRATION FORM

Camper Information								
Last Name		First Name			Date of Birth	Present Age		
Address: Street		City	State	Zip	School	Current Grade		
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		Date of Birth
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			
<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>								