



CAMPER REGISTRATION FORM version 2021

CAMP PENUEL EAST - PO BOX 510 - ELDRED, PA 16731 - (814) 225-3222

ALL CAMPERS MUST BE BETWEEN 7 AND 11 YEARS OLD

BRING THE FOLLOWING TO CAMP:

- Sleeping bag, Blanket or sheets Pillow
- Play Clothes
- Shorts and T-shirts
- Sweatshirts and Long Pants Jacket
- Towels and wash cloths
- Soap and Shampoo
- Personal Toiletries
- Swimsuit and Beach Towel
- Sun Block & Bug Spray

DO NOT BRING THE FOLLOWING TO CAMP:

- × CD Players/ MP3 player etc.
- × Jewelry
- × Fireworks
- × Knives or weapons or any type
- × Money (you will not need any money)
- × Things that you don't want to lose/get broken
- × Snacks (no food allowed in cabins)
- × Cell phone (they don't work anyway)
- × Portable video game devices

IMPORTANT NOTE TO PARENTS OR GUARDIANS:

If your child will be bringing any medicine to camp, please put it in a Ziploc bag with your child's name written on it. Please send one bag per each child if you are sending more than one of your children.

Do not put any medicine in your child's luggage or with their bedding. All medicine must be turned into the coordinator before your child boards the bus.

We will post important information (like arrival and departure time) and lots of photos! To view the updates, you can follow us on Facebook.

Find us on  [penuleat/](https://www.facebook.com/penuleat/)



CAMP PENUEL EAST

HISTORY

Penuel, Inc. has offered a camping program in Missouri since 1973, in Eldred, PA since 1994, and in Costa Rica since 2003.

LOCATION

Camp Penuel East is located in Eldred, Pennsylvania.

PURPOSE

Our main focus is inner-city and local children. There is no charge made to the children who come to camp. Some groups may ask you to help with their transportation expenses, but the camp is completely free.

ACTIVITIES

Hiking, boating, swimming, daily chapel, crafts, skits, puppets, singing, Basketball, volleyball, Penuel Olympics and group games.

CAMPERS

Children between the ages of 7 to 11 are welcomed.

AFFILIATIONS

The camp is non-denominational and works with various churches and community organizations.

EXPECTATIONS

We expect campers to have a fun time in a safe environment. Campers are to conduct themselves in a safe, orderly and respectful manner and cooperate with the camp staff and counselors. Campers will participate in the day-to-day activities at camp.

Our camping program is open to anyone regardless of race, color, religion, national origin, sex or handicap.





CAMPER REGISTRATION FORM

All information must be given by a parent or guardian.
This form must be filled out completely.

Please print clearly

Campers Full Name _____
 First Middle Last

Date of Birth _____ Age _____ Gender _____ Grade Entering _____
(All Campers Must be between 7 – 11 years old NO EXCEPTIONS)

Home Address _____
 Number Street

 City State Zip

Parents or Guardians

Name Relationship Cell Phone Other Phone

Name Relationship Cell Phone Other Phone

Person Other Than Parent to Contact in Case of Emergency

Name Relationship Cell Phone Other Phone

Would you like to receive updates through Remind? Yes No
Text _____ Or Email _____

Has the camper been to Camp Penuel before? Yes No

TO BE READ AND SIGNED BY CAMPER:

I agree to follow the rules at Camp Penuel East and obey the staff members and counselors while at camp and do my best to get along with other campers.

Camper's Signature: _____ Date: _____

(Fill Out Other Side)

HEALTH INFORMATION

CAMPERS NAME _____

First

Last

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does your child have any allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your child subject to sleep walking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are there any foods your child should not eat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is your child subject to bed wetting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your child have asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "Yes" to any of the above questions, then please explain below:

6. Date of last tetanus shot _____
7. Name of family doctor _____ Telephone # _____
8. What medical problems does your child have that camp personnel should be aware of?

9. All medication will be kept in the camp nurse's office. Does your child have any medication to take while at camp? Don't forget to put all medicine in a labelled Ziploc bag and turn it in to the coordinator before your child gets on the bus.

Medication: _____	Dosage: _____	Time of Day: _____
Medication: _____	Dosage: _____	Time of Day: _____
Medication: _____	Dosage: _____	Time of Day: _____
Medication: _____	Dosage: _____	Time of Day: _____

10. During a week at camp, we often find it advisable to use some over-the-counter medications in treatment of minor injuries or illnesses. The products used most often are listed below. If you do not want your child to receive the benefit of any of these, please cross them off.

- | | | |
|-----------------------------|------------------|-------------------|
| Ammonia Inhalant | First Aid Spray | Caladryl Lotion |
| Mylanta or Maalox | Pepto-Bismol | Hydrogen Peroxide |
| Tylenol | Rubbing Alcohol | Cough Drops |
| Children's Allergy Medicine | Ibuprofen | Sterile Eye Wash |
| Bug Spray with Deet | Visine Eye Drops | Sunscreen Lotion |

PLEASE READ: I grant permission for my child to attend Camp Penuel East. I grant permission for pictures of my child to be used in any camp publicity. I waive and release Camp Penuel East, The Big Loop and their representatives from any and all claims, demands, injuries, cost, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp, or should my child or ward be injured during or travelling to and from camp. I grant permission for Camp Penuel East to administer or arrange for emergency medical treatment by ANY Hospital, emergency room, or medical personnel in the event of an accident, injury or illness. I agree to pay for all services provided for my child in my absence.

Insurance Company Name: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Camp Penuel East Covid Attestation Form
Must be signed by a parent or guardian and present on Monday

In the last 14 days, has anyone in your household had close contact with someone who has or is suspected to have COVID-19? Yes No

In the last 48 hours, have you/your child(ren) experienced any of the following symptoms?

Fever (over 100.4 °F)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste and smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting or diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By checking YES below, I do consent to having my child's temperature taken and understand that if their temperature is over 100° my child may not attend camp.

* I understand that if I check NO to consent that my child cannot attend camp. *

Yes, I consent to having my child having his or her temperature taken.

No, I do not consent and understand my child will not be allowed to attend camp.

Parent/Guardian Signature: _____ Date: _____