



Day Camp

June 27-July 1, 2011

Cost: \$25.00

Transportation provided in Honey Brook Area

Name: _____ Age: _____

Birth Date: _____ Sex: M/F (circle one)

Phone: _____

Parent/Guardian Name: _____

Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Allergies: _____

Physical Restrictions: _____

Medications: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Cost: \$25.00

Make checks payable to Steeple to People Ministries.

Please send your registration to the following address:
Honey Brook Youth Center
PO Box 28
Honey Brook, PA 19344

Contact information:
Beth Mast: 330-23-0785
Honey Brook Youth Center: 610-273-1073

For office use only:	
Paid	____ Not Paid ____
Amount paid	_____
Date of payment	_____
Method of payment:	
____ Cash	____ Check
Check #	_____

PARENT AUTHORIZATION, COVENANT, RELEASE & INDEMNITY AGREEMENT

_____ Printed Name of My Child
_____ Parent/Guardian, printed
_____ Parent/Guardian, printed

****both names of Parents/Guardians are required, when applicable****

Honey Brook Youth Center, its agents, employees, affiliates, successors, and Honeybrook Church are hereinafter collectively referred to as "Provider."

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by Provider to hospitalize and secure proper treatment as necessary for my child named above.

In consideration of permission granted my child to participate in camping and related activities, which I acknowledge are inherently dangerous, I hereby accept unto myself all responsibility and all liability for any injury, death or other claim, loss or damage, caused by, or arising out of camping and other related activities sponsored by Provider. I hereby release and covenant with Provider that I will never, individually or as legal guardian of my child, institute any action for any injury, death or other claim, loss or damage, caused by, or arising out of camping and other related activities sponsored by Provider. I further agree to indemnify and hold Provider harmless against any and all claims, demands, actions, and causes of action (including actual attorneys' fees, costs and expenses) of my child or my child's legal guardian that may arise as a result of my child's participation in camping and other related activities sponsored by Provider.

I hereby give my permission for any photography of my child on camp premises to be used in publicity for Provider.

Intending to be legally bound,

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

****both signatures of Parents/Guardians required when applicable****