

2025 Camp Agape Registration



FAMILY INFO

Name of Camper: _____

Camper Mailing Address: _____

Best Email: (to receive pre-camp information) _____

Primary Contact Name: _____

Gender: _____ Birth Date: _____ Relationship to Camper: _____

E-mail Address: (If different from camper email) _____

Phone Number: _____ Cell Home

Address: (if different than camper) _____

Emergency Contact: _____ Relationship to Camper: _____

Phone Number: _____ Cell Home

CAMPER INFO

Date of Birth: _____ Male Female Grade for FALL 2025: _____

Age at Camp: _____ Is this the first time attending a camp at Agape: yes no

I heard about camp from: Church Brochure/Flyer Website Friend Other: _____

Camp Selection(s): (see brochure for camps and pricing) _____

Photo Release: Capturing the joy, excitement, and community of camp through photos and videos allows us to share the magic of Camp Agape with families, campers, and supporters. These images help us celebrate special moments, promote future programs, and showcase the positive impact camp has on children and families. We value the privacy of all our campers, which is why we ask for your consent to use photos and videos that may include your child in our promotional materials, such as social media, brochures, and newsletters.

I **consent** to my child being included in photos and videos taken during camp, which may be used for promotional purposes by Camp Agape.

I **do not consent** to my child being included in photos and videos used for promotional purposes by Camp Agape.

DISCOUNTS

_____ \$20 Early Bird Discount (Registrations must be postmarked on or before May 1st)

_____ \$20 Multi-Week Camp Registration (First camp is registered at full price)

_____ \$20 Sibling Discount (First child in family registers at full price)

_____ \$10 Day Camp Sibling Discount **My Sibling's Name Is:** _____

I would like a staff member to contact me about scholarships to help make camp affordable

SIGNATURE

PLEASE READ CAREFULLY AND CONFIRM

I have completed payment information I have completed the attached health form

I have completed the release of liability I give permission for my child to attend camp

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

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PAYMENT

Total Discounts: - \$_____ Total Cost: \$_____ Deposit: \$_____ Enclosed: \$_____

Full Payment of fees is due on the day of your arrival to camp or before your arrival at camp. There is a non-refundable deposit due at the time of registration of \$50.00.

The fee is nonrefundable 3 weeks prior to the first day of your camp session. EXCEPT, for a medical emergency for the camper, a close family member, or a death in the camper's family, in which case the entire fee less the deposit is refundable. A partial refund may also be requested for unanticipated financial hardship. Cancellations and Refund requests after June 1 should be directed to the Executive Director by phone at 724-356-2308 or by email at: executivedirector@campagape.org

CAMPER CODE OF CONDUCT

Our goal for each child attending a summer camp program is to have an experience of Christian Community in which the camper is safe, grows spiritually and socially. During a week at camp, in the course of activities, it is natural that there will be conflicts within cabin groups and between campers and their counselors. It is in resolving these conflicts - in the give and take of negotiation - that some of the most important lessons of a week at camp are learned. Occasionally, however, behavior on the part of a camper may become so disruptive as to require removal from a week of camp because conflicts cannot be resolved. Therefore, the following guidelines are presented for children during their week in camp. Parents are encouraged to review these guidelines with their children.

1. Use language appropriate for a Christian community.
2. Respect the rights, privacy, and property of others.
3. Respect the property, equipment, and facilities of the camp.
4. Wear appropriate clothes for activities as suggested by camp staff.
5. Follow camp schedules (meal times, lights out, etc.)
6. Do not engage in any acts of physical, sexual, or verbal abuse (camper/camper or camper/staff).
7. Abide by the rules and regulations of the camp.
8. Possession of alcohol or any illegal substance is prohibited.
9. Campers are encouraged to participate in all camp activities to the best of their ability.
10. Campers may leave their cabin group only with the permission of the cabin leader.

Camper's Responsibility: In signing this section, I agree to abide by all the rules governing personal conduct and use of camp property. I am aware that I am expected to cooperate and participate in camp activities. If I do not cooperate or if I become a hindrance to the camp program, I understand I will be sent home.

Camper Signature

Date

CAMPER PICKUP

Authorized Person #1 : _____ Relationship to Camper: _____

Phone Number: _____ Cell Home

Authorized Person #2: _____ Relationship to Camper: _____

Phone Number: _____ Cell Home

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LIABILITY RELEASE

ASSUMPTION OF RISK FOR CAMP ACTIVITIES. The Camper has my permission to participate in camp and retreat activities, including, but not limited to, swimming and other water activities, canoeing, hiking, ropes courses, archery, outdoor games, athletic competitions, meals and other activities. THE CAMPER AND I ACKNOWLEDGE AND KNOWINGLY ASSUME ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM THE ACTIVITIES.

WAIVER AND RELEASE. On behalf of myself, the camper, and our respective family members, heirs and assigns, I hereby release and discharge Agape Ministry dba Camp Agape, and each of their officers, directors, members, employees, agents, affiliates, and volunteers, from any and all claims, liability, actions or suits for injury, death and property damage arising from or related to camp and retreat activities.

THE CAMPER AND I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. By signing below, I, the undersigned, am stating that I am the parent or legal guardian of the camper whose name is set forth above and I have the right to contract for such camper.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Check #: _____

Amount: \$_____

Camp(s): _____

Campership?: _____

Confirmed: _____

Staff Name: _____

Send completed and signed registration form, medical form, and deposit to:
Camp Agape Office, PO Box 115, Hickory, PA 155340

Questions?

Contact us at: (724) 356-2308 OR campinfo@campagape.org

2025 Health And Consent Form



Camper Name: _____ Birthdate: _____

ALLERGIES & DIET

Camper is allergic to: No Known Allergies Food Medicine
 The Environment (insects; stings; hay fever etc.) Other

Please describe any allergies, reaction, and severity: _____

Does your camper have any dietary restrictions? No Dietary Restrictions Vegetarian
 Vegan Gluten-Free Dairy-Free Nut Allergy Other

Please describe any dietary needs: _____

RESTRICTIONS

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: _____

INSURANCE

Health Insurance Co. _____

ID/Policy #: _____ Group #: _____

Phone Number: _____

Please Include a Copy of the Front and Back of the Insurance Card with this Form

MEDICATION

List any medications the camper is currently taking:

Medication	Dosage	Instructions
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Attach Additional Sheet If Needed

Please send all medications in their original pharmacy containers with labels which show the camper's name and how the medication should be given.

2025 Health And Consent Form

MEDICATION

The following non-prescription medications may be stocked in the camp health center and are used on an as needed basis to manage illness and injury.

Check the medication(s) the camper should NOT be given:

- Acetaminophen (Tylenol) Ibuprofen (Advil; Motrin) Sore throat spray
- Phenylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed)
- Antihistamine/allergy medicine Guaifenesin cough syrup (Robitussin) Aloe
- Diphenhydramine antihistamine/allergy medicine (Benadryl) Generic cough drops
- Dextromethorphan cough syrup (Robitussin DM) Laxatives for constipation (Ex-Lax)
- Lice shampoo or cream (Nix or Elimite) Antibiotic cream Calamine lotion
- Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol)

DOCTORS

Primary doctor(s): _____
 Phone: _____
 Dentist: _____ Phone: _____
 Orthodontist: _____ Phone: _____
 Any other health care providers: _____

IMMUNIZATION HISTORY

Please fill out OR attach immunization report from physician or state health department:

Starred (*) immunizations must be current.

	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTaP or Tdap *	_____	_____	_____	_____	_____	_____
dT or Tdap *	_____	_____	_____	_____	_____	_____
MMR *	_____	_____	_____	_____	_____	_____
IPV *	_____	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____	_____
PCV	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Hepatitis A	_____	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____	_____
MCV4	_____	_____	_____	_____	_____	_____
TB Test	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date: _____	Results: _____		

If your camper has not been fully immunized, please sign the following: I understand and accept the risks to my child from not being fully immunized.

Parent/Guardian Signature

Date

2025 Health And Consent Form

HEALTH HISTORY

Circle those that apply and explain as necessary:

- | | | |
|---------------------------|--------------------------|-------------------------------|
| Recent hospitalization | Headaches | Diabetes |
| Any surgeries | Glasses/Contacts | Seizures |
| chronic illness | Fainting/Dizziness | Back/joint problems |
| Recent infectious disease | Chest pain | Bedwetting |
| Recent injury | Had mononucleosis (Mono) | Diarrhea/constipation |
| Asthma | Issues with menstruation | Skin problems |
| Shortness of breath | Issues sleeping | International Travel past 1yr |

Explanation of above: _____

MESH

Has the camper:

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? yes no

Ever been treated for emotional or behavioral difficulties or an eating disorder? yes no

During the past 12 months, seen a professional to address mental/emotional health concerns? yes no

Had a significant life event that continues to affect the camper's life (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)? yes no

Please explain "yes" answers in the space below. The camp may contact you for additional information. _____

2025 Health And Consent Form

ADDITIONAL

Please provide in the space below any additional information about the camper's health that you think important or may affect the camper's ability to fully participate in the camp program: _____

PERMISSION TO TREAT

I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

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