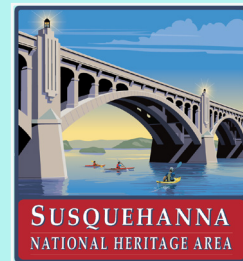


# 2022 REGISTRATION APPLICATION



CAMPER NAME \_\_\_\_\_ CAMPER DATE OF BIRTH \_\_\_\_\_

CAMPER SCHOOL DISTRICT \_\_\_\_\_ CAMPER GRADE 2022-2023 \_\_\_\_\_

PARENT/ GUARDIAN NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALTERNATIVE PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CAMPER T-SHIRT SIZE \_\_\_\_\_



## EMERGENCY CONTACTS

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## PICKUP AND RELEASE



Please list all adults, including parents, authorized to pick up your camper.  
Susquehanna National Heritage Area reserves the right to ask for I.D. at time of pickup

NAMES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

UNACCOMPANIED DEPARTURE - I grant permission for my child to leave unaccompanied (either by walking or taking public transportation) at the end of Camp at 4:00 PM.

Yes, I do.       No, I do not.

If "yes" Parent Authorized Signature   X   \_\_\_\_\_

## MEDICAL INFORMATION

### HEALTH CONCERNS

Please state health concerns (including physical and/or learning challenges) and dietary restrictions.

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### ALLERGIES

Please describe each allergy, reaction and management, administration of medication, Epi-pen, etc.  
If no allergies exist, please list "none known."

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### MEDICATIONS

Please list any medications and include instructions if there are daily or emergency medications that need to be administered

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Tylenol may be given  YES  NO

First Aid may be given:  YES  NO

## PAYMENT INFORMATION

Thanks to generous donors to Susquehanna National Heritage Area, SNHA Adventure Camp is offered at a subsidized rate of \$300 per camper. Camp scholarships are also available for those who cannot afford the \$300 camp fee. To be eligible for a scholarship, you must complete the Camp Scholarship Application. Our funds are limited, but we want to do our best to make attending camp a possibility, not a hardship.

PAYMENT OPTIONS:  **FULL PAYMENT:** \$300 DUE NOW  **50/50:** \$150 DUE NOW, \$150 DUE START OF CAMP

### PAYMENT TYPE:

MAIL: Checks should be made out to Susquehanna National Heritage Area. Clearly mark on your check the campers name. Please mail your check to: Attn: Columbia Crossing, Susquehanna Heritage, 1706 Long Level Road, Wrightsville, PA 17368.

IN-PERSON: Pay at Columbia Crossing River Trail Center via cash, check or credit card during regular visitor hours.

