

CAMP "R" APPLICATION 2009

Ages Seven(7) through Fourteen (14)

Check the week(s) you will be attending:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Week 1: Sunday July 5 to Friday July 10

Week 2: Sunday July 12 to Friday July 17

Week 3: Sunday July 19 to Friday July 24

Week 4: Sunday July 26 to Friday July 31

Week 5: Sunday August 2 to Friday August 7

Camper Information:

Last Name _____ First Name _____ M F

Street _____

City _____ State _____ Zip _____

Home Phone () _____ E-Mail _____

School _____ Birthdate (m/d/year) / / Age _____

Parent Guardian Information:

Camper lives with: Mother Father Other

Father's Name _____ Contact Phone while at camp () _____

Mother's Name _____ Contact Phone while at camp () _____

Have you ever been to camp before? Y N If yes where? _____

How did you hear about Camp R? _____

Three cabinmates may be requested _____

Yes, I will be riding the bus to/from the Steven Foster's Center (3:00 pm Sunday-5:00 pm Friday)

No, I will not be riding the bus to/from the Steven Foster's Center.

(I will arrive at camp 5:00pm Sunday and be picked up by 3:00pm Friday)

Yes, I want Horseback riding for an additional \$40.00. (You must be at least 12 years old.)

Comments : _____

*A Camper's Information Sheet and Physical Form will be mailed to you if accommodations are available.
All persons, regardless of race, creed or religion are welcome at Camp "R."*

2009 CAMP "R"
ENROLLMENT AND RELEASE

It is my desire that _____ attend Camp "R" for the session checked. I hereby waive claims against Camp "R" and its employees for any and all injuries which might arise from attending camp. In case of apparent illness, I want my child sent to a reliable hospital and skilled medical aid called at once, for which I expect to pay the usual charges.

I realize my son/daughter may be sent home for flagrant violation of camp rules.

Is your child covered by Hospitalization Insurance? Yes No

Name of Insurance Co.: _____

Address: _____

Policy No.: _____

Agreement No.: _____

X _____ Date : _____

Signature of parent or guardian

Please include \$25 deposit per session and make checks payable to: **CAMP "R"**

Mail to:

Camp 'R'

Catholic Youth Association of Pittsburgh, Inc

286 Main Street

Pittsburgh, PA 15201

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