

# CAMP "R" APPLICATION 2010

*Ages Seven(7) through Fourteen (14)*

**Check the week(s) you will be attending:**

<input type="checkbox"/>	Week 1: Sunday July 11 to Friday July 16
<input type="checkbox"/>	Week 2: Sunday July 18 to Friday July 23
<input type="checkbox"/>	Week 3: Sunday July 25 to Friday July 30
<input type="checkbox"/>	Week 4: Sunday August 1 to Friday August 6
<input type="checkbox"/>	Week 5: Sunday August 8 to Friday August 13

## **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".*

**2010 CAMP "R"**  
**ENROLLMENT AND RELEASE**

*It is my desire that \_\_\_\_\_ attend Camp "R" for the session(s) 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.*

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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**

*Medical forms and balance due should be mailed one week before start of camp*