



Perry County Day Camp

PLEASE COMPLETE FORM AND RETURN BY MAY 14, 2011 to

c/oMelvaGohn

51 Wineberry Drive

Landisburg, PA 17040

THERE IS NO FEE FOR BEING A TEEN HELPER

TEEN VOLUNTEER RECORD

Camp Dates for 2011: Weeks of July 11 - 15 and July 18 - 22

Date of Session Preferred: Week of July _____

Name _____ Home Phone (_) _____

(Please do not write on above line – Special Requests are to be noted at bottom of page.)

Street/Mailing Address _____

City _____ Zip _____

Email _____ Cell Phone _____

Age _____ Date of Birth ____/____/____ Grade _____ (current school year)

School attending _____

Experience (Scouts, Teaching, Camp, Church, etc.) _____

Number of years at PCDC: as a camper _____ as a teen helper _____

List special training, skills, experience that will be useful at camp: _____

Is your experience at camp being used for a service project? _____

Is your experience at camp being used for a Girl Scout project? _____

Please choose 3 positions in order of preference:

_____ Pixies _____ Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4

_____ Grade 5 _____ Grade 6 _____ Other (Specify) _____

Write special requests here:

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Name _____

HEALTH RECORD – EMERGENCY INFORMATION

Swimming permitted? _____

Allergies? _____

Chronic disease or restrictions (asthma, diabetes, etc.) _____

Are there religious restrictions to treatment? _____ If so, what? _____

If serious injury occurs, signing this form places the Director in loco parentis to us his/her judgment in any emergency with the best advice available.

Signature of Parent/Guardian

In the event of an emergency, please notify:

Name _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

If the above cannot be reached, call:

Name _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Family Physician: _____ Phone: _____

My son/daughter has my permission to serve as a teen volunteer. I understand that the cooperating authorities, steering committee, staff, volunteers and owners of the swimming area and park will not be responsible for loss of property nor injury or death due to an accident. I also understand that inappropriate behavior on the part of a teen volunteer will result in dismissal from camp.

Signature of Parent/Guardian

I accept the responsibilities of a teen volunteer and will do my best to help make Perry County Day Camp safe and fun for the campers, leaders and other teens. I also understand that inappropriate behavior on the part of a teen helper will result in dismissal from camp.

Signature of Teen Volunteer

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM