



Summer 2019 Application

Camper's Name _____ Nickname _____

M or F ___ Date of Birth ___/___/___ Current Grade ___ School _____

Home Address _____

City/State/Zip _____

Primary Phone _____ Primary Email Address _____

Sessions Attending

- | | | |
|--|-------------------------|--------------------------------|
| Camp Session 1 <input type="checkbox"/> | June 23-29 | |
| Camp Session 2 <input type="checkbox"/> | June 30-July 6 | \$450 per Session |
| Camp Session 3 <input type="checkbox"/> | July 7-13 | |
| Camp Session 4 <input type="checkbox"/> | July 14-20 | Inter-Session Fee |
| Camp Session 5 <input type="checkbox"/> | July 21-27 | \$50 per Saturday Night |
| Camp Session 6 <input type="checkbox"/> | July 28-August 3 | Includes Laundry |
| Camp Session 7 <input type="checkbox"/> | August 4-10 | |

Inter-Session: Campers attending back-to-back sessions may stay at camp between sessions from Check-Out on Saturday through Check-In on Sunday. Campers will be supervised and have camp to themselves for fun activities which may include swimming, games, arts and crafts, and movies with plenty of time for rest and relaxation.

Camp Store: Our camp store will be open daily after Siesta time. It will be stocked with snacks, drinks, camp necessities (batteries, postcards, stamps, soap, shampoo, etc.) and Camp Berger gear. Suggestion \$25 per week.

Parent/Guardian Primary Contact
 Relation _____ Name _____

Home Phone # _____ Cell Phone # _____

Email Address _____ Business Phone _____

Parent/Guardian Name _____ Cell Phone Number _____

Email Address _____ Business Phone _____



Emergency Contact & Alternative Authorized pick up Person

Relation _____ Name _____

Home Phone # _____ Cell Phone # _____

Email Address _____ Business Phone _____

What Did You Do Last Summer? _____

Previous Camps Attended? _____

How Did You Hear About Camp Berger? _____

To reserve a space for camp a deposit of \$100 per session must accompany this application.

Remaining balance due June 1st

Parent or Guardian's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

Amount Due:

Number of Sessions _____ x \$450 = _____

Number of Saturday Inter-Sessions _____ x \$50 = _____ + _____

Camp Store Money Sessions x Weekly Amount = _____ + _____

Berger Water Bottle \$5 = _____ + _____

Berger T-Shirt \$10 = _____ + _____

Deposit: Sessions x \$100 Due with this Application = _____ - _____

Balance Due less Deposit Amount Due by June 1st = _____



Camper Questionnaire

Camper name _____

Swimming experience (circle one): Non Swimmer Beginning Swimmer Competent Swimmer

Lake Experience YES NO River Experience YES NO

Is there a history of:

- | | | |
|---|---|---|
| Asthma/Respiratory: YES <input type="checkbox"/> NO <input type="checkbox"/> | Sleep Disorders: YES <input type="checkbox"/> NO <input type="checkbox"/> | Sinus Issues: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Ear Infections: YES <input type="checkbox"/> NO <input type="checkbox"/> | Head Injury: YES <input type="checkbox"/> NO <input type="checkbox"/> | Headaches: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Stomach Issues: YES <input type="checkbox"/> NO <input type="checkbox"/> | Heart Problems: YES <input type="checkbox"/> NO <input type="checkbox"/> | Seizures/Epilepsy: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Sleep-Walking: YES <input type="checkbox"/> NO <input type="checkbox"/> | Behavioral Issues: YES <input type="checkbox"/> NO <input type="checkbox"/> | Food Allergies: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Allergies: YES <input type="checkbox"/> NO <input type="checkbox"/> | Physical Problems: YES <input type="checkbox"/> NO <input type="checkbox"/> | Bed Wetting: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Depression: YES <input type="checkbox"/> NO <input type="checkbox"/> | Menstrual Issues: YES <input type="checkbox"/> NO <input type="checkbox"/> | Eating Disorder: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Nervousness/Anxiety: YES <input type="checkbox"/> NO <input type="checkbox"/> | Skin/Sun issues: YES <input type="checkbox"/> NO <input type="checkbox"/> | Special Needs: YES <input type="checkbox"/> NO <input type="checkbox"/> |

Please explain any of the above "yes" answers:

Special Dietary Needs Such As Vegetarian, Gluten-free, Lactose Intolerant or Other:

List any medical problem being currently treated:

Any other conditions being treated:

Parent's Signature _____ Date _____