



TOWSON PRESBYTERIAN CHURCH

2024 CAMP BEETREE REGISTRATION

This form can be completed for both Campers (K–5th Grade) and Counselors-in-Training (6th–12th Grade). Please submit a separate form for each child. To participate at Camp BeeTree, **Monday, Jul. 15–Friday, Jul. 19, 2024**, this form along with full payment (a check made payable to Towson Presbyterian Church) is due to Jenness Hall by Wednesday, May 15, 2024.

REGISTRATION

Child's Name: _____ Parent's Name: _____

Address: _____ Email: _____

Child's T-Shirt Size: Youth S / Youth M / Youth L / Youth XL / Adult S / Adult M / Adult L / Adult XL

Do you give permission to Towson Presbyterian Church to include photos of your child (without their name) on our brochure, website, and social media? YES / NO

Camp BeeTree is made possible by volunteers like you! Would you like to be a parent-volunteer? YES / NO

If yes, please specify your availability and role preference: _____

IN CASE OF EMERGENCY

#1 Contact Name: _____ #1 Contact Phone Number: _____

#2 Contact Name: _____ #2 Contact Phone Number: _____

#3 Contact Name: _____ #3 Contact Phone Number: _____

In addition to parents, child may be released to: _____

PAYMENT

Camper (K–5th Grade)

Church Members

- \$300 || Monday–Friday, 8:15am–3:15pm
- \$400 || Monday–Friday, 8:15am–5:00pm

Non-Church Members

- \$325 || Monday–Friday, 8:15am–3:15pm
- \$425 || Monday–Friday, 8:15am–5:00pm

Counselor-in-Training (6th–12th Grade)

Church Members and Non-Church Members

- \$150 || Monday–Friday, 8:15am–3:15pm
- \$150 || Monday–Friday, 8:15am–5:00pm

Discounts

Only Applied Once to First Registrant

- I'd like to request a scholarship
- \$25 || Parent is Volunteering
- \$10 || Multiple Siblings

MEDICAL

Child's Name: _____ Child's Nickname: _____

Date of Birth: _____ Grade as of May 2024: _____

Allergies: _____ Current Medications: _____

Will your child need to be administered medication while at Camp BeeTree? YES / NO

Please describe any medical conditions, concerns, activity limitations, or precautions about your child:

Insurance Information: _____

Doctor's Name: _____ Doctor's Phone Number: _____

I understand that, in an emergency, every attempt will be made to contact an immediate family member. However, in the event that one cannot be contacted, I request and authorize medical personnel associated with Towson Presbyterian Church's Camp BeeTree to provide all reasonably necessary medical care for my child including, but not limited to, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

Parent Name (Printed): _____ Date: _____

Parent Signature: _____ Date: _____

TRAVEL

Campers and Counselors-in-Training will be transported to/from Towson Presbyterian Church (400 W. Chesapeake Ave. Towson, MD 21204) and BeeTree Preserve (Kauffman Rd. Parkton, MD 21120) on the dates of Monday, Jul. 15–Friday, Jul. 19, 2024, under the coordination of Jenness Hall.

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

Parent Signature: _____ Date: _____