

ST. PETER'S DAY CAMP 2026 REGISTRATION

This completed form must be submitted to St. Peter's Lutheran Church Office
by Sunday, June 21st, 2026 at 5:00pm EST.

St. Peter's Lutheran Church, 121 Walnut Hill Road, Uniontown, PA 15401 office@splcuniontown.org

CAMPER INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Grade Entering in Fall 2026 _____ Birth Date ___/___/___ Age _____ Shirt Size _____

FAMILY INFORMATION

Parent(s) or Guardian(s) Names

Last Name _____

First Name _____

Last Name _____

First Name _____

Address (if different from camper) _____

Home Phone _____ Cell Phone _____

Email* _____

Work Phone _____

*All camp communications/forms will be completed through this e-mail address.

ST. PETER'S DAY CAMP WEEK: June 23rd – 25th, Tuesday – Thursday, 6:00pm – 8:00pm

The cost of St. Peter's Day Camp is covered by the Education Team (\$90/camper). If you would like to contribute towards the camp fee, you can send a check payable to "St. Peter's Lutheran Church" for the amount of your choosing with this registration form. This will be credited towards the final cost of summer day camp.

CAMPER DETAILS

Nickname _____ Pets? _____

Special Interests or Hobbies _____

Concerns of which we should be aware _____

Custody or Guardianship issues of which we should be aware _____

Food Allergies or other Medical Concerns _____

CONSENT

The following is a list of the activities in which campers may participate or come in contact with at St. Peter's Day Camp: *running, active sports, group challenge activities, cooking over a fire, arts & crafts.* While it is difficult to identify all possible activities in which there may be risks, this does indicate some of the activities in which a camper may be injured.

_____(Initial Here) By initialing this section, I have read the preceding information and am aware of the possible risks associated with attending a camp program. I have also been informed of the activities in

which campers may participate. I understand what I have read and give my camper permission to participate fully in all camp activities.

_____(Initial Here) By initialing this section, I allow photos and videos of my child to be used in brochures, publications, and website.

ST. PETER'S Day Camp - Health History Form

Campers cannot attend camp sessions without a signed health history form.

Name _____ Birthdate _____ Age _____
Last First Initial

Parent, Guardian, or Spouse (self if over 18) _____ Work Phone _____

Home Address _____ Cell Phone _____
Address City State Zip

Home Phone _____

Second Emergency Contact _____ Work Phone _____

Cell Phone _____

Home Address _____

Home Phone _____
Address City State Zip

If the above are not available, contact: _____ Work Phone _____ Cell Phone _____

Relationship _____ Home Phone _____

Phone _____

Allergies to:

Physician

MEDS

FOODS

OTHER

Name

City, State

Medications

 (Explain dosage and reason, use reverse side if necessary)

 **NO MEDS**

Health Problems

 (Include Chronic Illness, Operations, or Serious Injury)

Required Immunizations

Required Immunizations

List date(s) for each Tetanus DPT or DT:

Polio: _____

Measles, Mumps, Rubella (MMR): _____

Hepatitis B: _____

Varicella - Chickenpox: _____

Dietary Concerns / Activity Restrictions

Additional information that may help us care for your child: (use other side if needed)

Insurance -

Health Insurance Company	Phone	Policy or ID#	Group Plan ID#
Name of Insured		D.O.B.	Insured's Employer
Employer (group) plan			
Address for claims	<input type="checkbox"/> I DO NOT currently have Health Insurance		

Emergency Treatment and HIPAA Protected Information Release Authorization

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. I hereby give permission to share the information on this health form with medical personnel providing treatment for me/my child. When it is in my/my child's best interest, I hereby give permission for those providing treatment to release information regarding the diagnosis, treatment, test results and other information to St. Peter's Lutheran Church. This form may be photocopied for use out of camp.

Signature of Parent/Guardian or Adult Date:

This form is intended to help us provide a safe and enjoyable camp experience. Please fill out and return this form to St. Peter's Lutheran Church by SUNDAY, JUNE 21st AT 5:00PM EST. Thank You!

rev.2025