

P. O. Box 184, Blue Bell Pa. 19422
(215) 646-1897 (Tel)

BLUE BELL SENIOR CAMP Camper Application

www.bluebellcamp.com
(610) 584-3577 (Fax)

Camper	(Last name)	(First name)	(Age)	(Birthdate)	(School)	(Current grade)
Address	(Street)	(City)	(State)	(Zip)	(Closest cross street to house)	
Mother	(Name)	(Home phone) () ()	(Daytime phone) () ()	(Cellular/Epr) () ()		
Father	(Name)	(Home phone) () ()	(Daytime phone) () ()	(Cellular/Epr) () ()		
Doctor	(Name)	(Phone) () ()	Prior Camps			

PROGRAM SELECTION: Please check one: **Sports Program** **Adventure Program** (Selection may be changed until April 1)

ENROLLMENT: **8 weeks** **6 weeks** _____

TRANSPORTATION: **We would like Blue Bell to supply transportation from and to the above address.**
 We will provide our own transportation.

PARENTS' CONSENT

We understand that the program at Blue Bell Senior Camp includes a variety of activities, including sports. By enrolling our child, we consent to his participation in all camp activities and transportation and agree that Blue Bell Senior Camp, Inc. does not assume responsibility for any injury or illness. We also permit photographs and videos of our child to be used in camp materials (such as brochures and DVDs).

Check here if you do **NOT** want us to share your phone number and address with other parents for carpooling purposes or social contacts, like birthday parties.

Signature _____ Date _____

(Please use reverse side for comments or grouping requests)

COMMENTS, SPECIAL INTERESTS AND GROUP REQUESTS
