

# 2022 UNY CAMP & RETREAT MINISTRIES SUMMER CAMP REGISTRATION FORM

Aldersgate Camp & Retreat Center

Reminder!  
It's easy to register online at  
**CAMPANDRETREATS.ORG**

FOR OFFICE USE ONLY: CAMPER NAME

Postmark Date

Date Rec'd

FAMILY INFO

**LEGAL NAME OF CAMPER:** \_\_\_\_\_ **PREFERRED NAME (if different):** \_\_\_\_\_

**CAMPER ADDRESS** (Street, City, Zip): \_\_\_\_\_

Parent 1/Guardian Name: \_\_\_\_\_ Parent 2/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell/Pager Number: \_\_\_\_\_ Cell/Pager Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different than camper) (if different than camper)

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ Denomination: \_\_\_\_\_

Sponsoring church/agency responsible for payment: \_\_\_\_\_ Amount (if known): \$ \_\_\_\_\_

CAMPER INFO

Date of Birth: \_\_\_\_\_

Age at Camp: \_\_\_\_\_

Camper E-mail: \_\_\_\_\_

Camper T-shirt size \_\_\_\_\_ ADULT CHILD

Cabinmate Request: \_\_\_\_\_

(If possible, we will honor your request for one cabinmate, if campers are the same age group/program and each lists the other on their registration form.)

Camper resides with: \_\_\_\_\_

**Notes for leaders to help my child have a super week:** Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.

I first heard about camp through:  Church  Brochure  Website  
 Family  Friend  Newspaper  Other:

CHOICES

Please list your top **3** **Dates:** (ex. 7/4 - 7/9) **Program Name:** (ex. Smore's Camp)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DISCOUNTS & PAYMENT

Sibling Discount (-\$20 per camper)  
My sibling (name): \_\_\_\_\_

\_\_\_\_\_ is attending (program name): \_\_\_\_\_

\_\_\_\_\_ at (site): \_\_\_\_\_

**\$ 75\***  
deposit per session must accompany registration.

Cost of camp \$ \_\_\_\_\_

Sibling Discount (if applicable) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Amount Enclosed\*** \$ \_\_\_\_\_

**Balance Due** \$ \_\_\_\_\_

**Method of Payment:**  Check # \_\_\_\_\_  Visa  Mastercard (Charge will show as "Upper New York Annual Conference")

Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

Cardholder's Address (Street, City, Zip): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

SIGN

**PARENT/GUARDIAN PERMISSION**

I hereby give my permission for my child (named above) to attend the camp session for which they are registering. I understand that my child's name/address/e-mail address may be shared with their program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_