

Kings Gap Environmental Education Center  
Eco Adventure Summer Camp Registration

One applicant per form (make copies as needed)

Child's name \_\_\_\_\_

Birthdate \_\_\_\_\_ Last grade completed \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (preferred) \_\_\_\_\_ (alternate) \_\_\_\_\_

Allergies, medical conditions, or restrictions \_\_\_\_\_

Special needs or other considerations \_\_\_\_\_

Alternate Emergency contacts (**different than above**)

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

People allowed to drop off/pick up your child \_\_\_\_\_

I agree to allow my child to participate in the Kings Gap Summer Camp programs and understand that the Commonwealth does not assume responsibility or liability for his/her safety or the consequences of his/her actions while participating in the program.

**Parent or Guardian (signature required)** \_\_\_\_\_

Date \_\_\_\_\_

**Photo Release** (read and initial) Yes \_\_\_\_\_(initial) No \_\_\_\_\_(initial)

I authorize DCNR to publish, display, or use all photographs in which I or my child will appear such as in news articles or on official DCNR related websites without limitation.

Payment method: Please enclose check or money order along with registration form and mail to:  
Eco Adventure Camp, Kings Gap EE Center, 500 Kings Gap Road, Carlisle, PA 17015

**Checks or Money Order MUST be made payable to: Commonwealth of Pennsylvania**

\$40 service charge for checks returned due to insufficient funds, account closures, or stop payments.

Payments must be postmarked 14 calendar days prior to the first day of camp.

**Notification will be emailed to confirm your camp registration.**