

**Kings Gap Environmental Education Center**  
**2019 Summer Camp Registration**

One applicant per form (make copies as needed)

Child's name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Last grade completed \_\_\_\_\_  
Parent/Guardian name(s) \_\_\_\_\_ Camp # First Choice \_\_\_\_\_  
Address \_\_\_\_\_ Camp # Second Choice \_\_\_\_\_  
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:  
DiscoverE Camps, 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.**