P M C A
ADVENTURE CAMP

PLEASE FILL OUT BOTH SIDES COMPLETELY AND RETURN TO:
2035 MILFORD ROAD, EAST STROUDSBURG, PA 18301 / CENTER 570.213.0913 FAX 570.213.0912

Camper Information First Name:_____ Last Name:_____

Address: _____

Phone Number:_____ Grade in Fall: _____ School Attend: _____

Date of Birth:_____ Gender: Male Female T-Shirt Size: Adult Size _____ Youth Size _____

Medication Administration: _____ Asthma: YES / NO Special Needs: YES / NO

Allergies: _____Nursing Services: YES / NO TSS Services: YES / NO

Before / After Care Needed: YES / NO If so, days/hours needed: _____

Parent/Guardian Name:_____ Phone:_____ Email:_____

Parent/Guardian Name:_____ Phone:_____ Email:_____

Address (If different from above):_____

PRECIOUS MOMENTS CHRISTIAN ACADEMY REGISTRATION FORM, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the PMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the PMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the PMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

In further consideration of being permitted to enter PMCA for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the PMCA, the undersigned hereby agrees to the following:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the PMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with PMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon, or about the PMCA premises or in any way serving or using any facilities or equipment of the PMCA or participating in any program affiliated with PMCA whether caused by the negligence of the releases or otherwise.
3. 'I'HE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the PMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with PMCA.

The undersigned gives permission to PMCA for this registrant to appear in photographs, videotapes, or other media, etc., associated with PMCA programs. PARENTS: Our staff is trained in child abuse prevention and all staff sign a code of conduct. Please report any suspicious activity immediately. The undersigned agrees to abide by the Program Refund Policy as stated in the PMCA policy handbook. There are no refunds for summer camp.

PRECIOUS MOMENTS CHRISTIAN ACADEMY is founded on Christian principles and values and prohibits inappropriate behavior, conduct, and materials. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, weapons, fireworks, pornography, the removal or misuse of PMCA property, or criminal conduct of any type. Such inappropriate behavior, conduct, or materials is unacceptable. PMCA consequently retains the right to deny program participation to its applicants at its sole discretion. Pets are not allowed at PMCA facilities or off-site program locations. All program participants, guests, and members who are minors are not allowed to leave PMCA property unless accompanied by a relative or pre-authorized guardian. Some programs require personal equipment not supplied by the PMCA. Further, the undersigned will at all times display the PMCA values of Honesty, Respect, Caring, and Responsibility and encourage the efforts of all players, coaches, spectators and referees in a positive manner. The undersigned understands PMCA mission in offering this program: to build strong kids, strong families, and strong communities

Signature of Parent/Guardian: _____ Date: _____

PARTICIPATION WAIVER

As a parent, I understand as a part of PMCA Summer Adventure Day Camp Program that my son/daughter participates involves light to moderate physical activity. Understanding that my Child will participate in physical activity on a daily basis, I acknowledge that my son/daughter is capable of meeting these physical requirements. I also affirm that my child is in good health and able to participate in PMCA Summer Day Camp Programs.

Signature of Parent/Guardian: _____ Date: _____

FIELD TRIPS

I give my child permission to ride PMCA Bus. I understand and release the bus to transfer my child to and from program field trips, in which the times and places of these trips is communicated to me. Please note that field trips are subject to change due to weather or any other reason.

Signature of Parent/Guardian: _____ Date: _____

SUNSCREEN & BUG STRAY

I give my permission to PMCA to administer sunscreen and bug stray/repellant that I will provide to my child as needed during Adventure Camp from June 8th – August 28th, 2026

Signature of Parent/Guardian: _____ Date: _____

DAY CAMP PARENTS PACKET

I acknowledge that I have received a copy of the current copy of the PMCA Day Camp Parent's Handbook

Signature of Parent/Guardian: _____ Date: _____