

2008 Dewey Burke Skill Development Camps

Camper Name: _____

Parent/Guardian: _____

Address: _____

Age: _____ Grade for upcoming school year: _____

Phone :(_____) _____

E-Mail: _____

Week(s) of Camp (please circle all that apply):

WEEK 1 @ Conestoga

WEEK 2 @ Conestoga

WEEK 3 @ Springfield Healthplex

WEEK 4 @ Springfield Healthplex

Health Concerns:

In case of emergency, contact: _____ at

(____) _____

I hereby authorize the staff of Dewey Burke Camps, LLC to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined in this form.

Health Insurance Co. _____

Policy #: _____

Parent/Guardian Signature:

_____ Date ____ / ____ / ____

Make check payable to:

Dewey Burke Camps, LLC

640 Spruce Lane

Berwyn, PA 19312