



# Summer's Best Two Weeks

2800 Old Elizabeth Road  
West Mifflin, PA 15122  
412.466.7184

Greetings from **SB2W!**

Camper registration is here again, and we are so excited to get this year started! Thank you for being part of this camp and making it awesome, we are grateful for your participation. Here is all of the information for camp this year:

**Camp Dates: July 22 – August 2, 2024**  
**APPLICATION ATTACHED (mail in)**

**Location:**

The camp's home base is located at Lebanon Church: 2800 Old Elizabeth Road, West Mifflin, PA. Summers Best 2 Weeks runs Monday - Friday. **Camper sign in is at 8:30am and sign out is 4:00pm.**

**Enrollment:**

This day camp has a limited number of spots. Early registration is highly recommended. Campers **must be entering 3rd - 8th grade** for the upcoming school year.

*\*See the Enrollment Policy on reverse of this page\**

**Our Counselors:**

Our counselors are college students who have the required clearances and have been interviewed and trained. Each one strives to be a living example of Christ. They are assisted by high school students that have been trained in every phase of our ministry.

**Teams:**

Each camper is assigned a team, either **Roman** or **Galatian**. Throughout the two weeks, there are competitions between the teams as well as opportunities to develop skills in a variety of areas. All campers are encouraged to do their best for the Lord, their team, and themselves regardless of their ability.

**Cost:**

**The total cost for SB2W is \$175.00. A deposit of \$50.00** must be included with the **application due by May 15<sup>th</sup>** to reserve a spot. The remaining **balance is due by July 1<sup>st</sup>**. Siblings from the same household are eligible for a discount. The first child pays \$175, and additional children are \$150 each.

Please make checks payable to 'Summer's Best Two Weeks'. If you have financial concerns, please do not hesitate to give us a call. The cost includes all bible materials, a camp shirt, overnight trip, use of facilities, and awards.

**Cancellation policy:**

Refunds for cancellations cannot be made after July 1<sup>st</sup>.

**SB2W Vision:**

Summer's Best Two Weeks is a transformative camp experience for grades 3rd-8th to introduce kids to a variety of sports, develop their skills, and teach them to honor God and one another in the way they compete in sports and all of life. **Our vision is that all who come, would grow an authentic relationship with Jesus Christ and be committed to living transformed lives wherever they go.**

In Christ,  
Lebanon Presbyterian Church

## SB2W Enrollment Policy:

In an effort to honor the long standing history and mission of Summer's Best Two Weeks the following policy is designed to ensure that everyone, Lebanon Church members, and nonmembers alike, have equal opportunity to participate.

- Enrollment is done on a first come first serve basis. As registration forms arrive in the office, both the date and the time of arrival are recorded on the form.
- Camp Registration is mailed to members of Lebanon Church and the community at the same time. Enrollment in camp from previous years does not give you priority in the enrollment process.
- In order to be enrolled, the entire registration form must be completed on both sides. The form must be accompanied by the deposit fee or arrangements for a scholarship must have been made.
- You may fax or email the completed application. However, the deposit must be mailed or dropped off at the church to reserve your camper's spot.
- Please make sure that required fields on the application are completed and all information is correct.
- Returning campers will remain on their assigned teams.
- New campers will be placed on a team. All efforts will be made to place your camper on their desired team, however we have a responsibility to keep teams even for the balance of our competitions. If your camper has friends on the opposite team, they will still be with them throughout the day.
- Campers must be entering 3rd - 8th grade in the upcoming 2024-2025 school year.

We are very excited to see you this year and cannot wait to start camp! If you have any questions or concerns, please contact the church at 412-466-7184, or email at [SB2WWM@gmail.com](mailto:SB2WWM@gmail.com)

**Upon completion of the application, your signature will verify your agreement and understanding of this policy.**

<b>2024 SB2W</b> <b>Camper Registration</b> <b>July 22 – Aug 2</b>	<b><u>For Office Use Only</u></b>	
	App. Rec: _____	Time: _____
	Deposit Rec. _____	Ck# _____ / Cash
	Balance Due: _____	Paid in Full: _____

**Make Checks Payable To: Summer's Best Two Weeks**  
**Mail Completed Application & Deposit To: 2800 Old Elizabeth Road**  
**West Mifflin, PA 15122**  
**Tuition - \$175**

**\*Mail in completed application and \$50 deposit by June 1st\***

**BALANCE OF TUITION IS DUE BY July 1st**

*Refunds for cancellations cannot be made after July 1<sup>st</sup>. Applications with no deposit are placed on a waiting list until the deposit is received.*

**Camper Information:**

Name of Camper : \_\_\_\_\_

Home Address : \_\_\_\_\_ City

: \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Birthdate : \_\_\_\_\_ Age : \_\_\_\_\_ Sex: Male / Female

**\*Grade Camper is *ENTERING* for the 2024-25 School Year:** 3rd 4th 5th 6th 7th 8th

Graduation Year: \_\_\_\_\_ School District: \_\_\_\_\_

**CAMPER T-Shirt Size** *(included with tuition)*

**Youth Sizes**

**Adult Sizes**

Small | Medium | Large      Small | Medium | Large | XL

**Have you/your family members attended camp before?**      Yes / No

If yes, what team were you or your family?      **Romans** / **Galatians**

**Parents Information:**

- Church you attend: \_\_\_\_\_

- Is the camper living with both parents?      Yes / No

- If not, with whom? \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_

Home Phone:

(      ) \_\_\_\_\_ Cell Phone: (      ) \_\_\_\_\_

Cell Phone:

(      ) \_\_\_\_\_ Work Phone: (      ) \_\_\_\_\_

Work Phone:

(      ) \_\_\_\_\_

**Emergency Contact:** *To be used if the person or persons above cannot be reached*

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_

Cell Phone: (      ) \_\_\_\_\_

Work Phone: (      ) \_\_\_\_\_

**APPLICATION CONTINUES TO THE NEXT PAGE**

List any Medication which the camper is currently taking and please include the dosage and how often the medication needs administered:

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**List all Allergies:**

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**The Camp Nurse may give my child            Tylenol            Benadryl**

**Is the camper covered by medical insurance?    Yes / No**

**Name of Insurance Company:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **ID/**

**Policy #:** \_\_\_\_\_

**WAIVER/ RELEASE FORM**

*I have been informed of the details regarding Summer's Best Two Weeks and I hereby give my permission for my son/daughter to participate in the overall activities of this camp. I understand that all reasonable safety precautions will be taken at all times by the Summer's Best Two Weeks leadership during the events and activities. I understand, however, that there is the possibility of unforeseen hazards and are keenly aware that there is always the inherent possibility of risk involved. I understand that unforeseen hazards including, but not limited to serious bodily injury may occur. I also acknowledge that participation in SB2W could lead to possible exposure/illness of infectious diseases including COVID-19. I agree not to hold the participating church, organizations, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries sustained by the subject of this form; and I agree to waive any claim or any lawsuit against the participating church, its leaders, its employees, or its volunteer staff. In addition I give our permission for photos and videos of the subject of this release to be used in presentations, promotional materials in print or online for the ministry of Summer's Best Two Weeks.*

*I have carefully read the Enrollment Policy, and the Waiver/ Release Form and fully understand their contents. I am aware that this contract fully releases the participating church and organizations, its leaders, employees, and volunteer staff from liability; and I sign it of my own free will.*

**Parental Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_