



# 2026 Krislund Traveling Day Camp @ Grove Presbyterian Church

- Grove partners with Krislund Camp  
for a Fun Week

Krislund camp travels to Grove, bringing portable versions of Krislund favorites, such as the Gaga Ball Pit and Nine Square in the Air, along with traditional camp songs, games, and crafts. Activities are led with the Gospel at the center, helping campers grow in faith and draw closer to the Lord.

Programming is led by Krislund Camp staff and Grove Church volunteers. All staff and volunteers have undergone background checks, and Grove adult volunteers are present throughout the entire program.

<b>When</b>	August 3-7, 2026 9:00 AM— 4:00PM
<b>Who</b>	Children who have finished Kindergarten through finished 8 <sup>th</sup> grade in 2026.
<b>Where</b>	All programming takes place at Grove Presbyterian Church—376 Bloom Street Danville, PA 1782, 570-275-0692
<b>Cost</b>	The cost for the entire week of camp is only \$20/child.
<b>Meals</b>	<b>Camper brings bag lunch each day.</b> Snacks are provided.
<b>What should I bring?</b>	Wear comfortable clothes and sturdy footwear (sneakers) every day. Campers should bring a backpack each day containing sunscreen, sunglasses, hat, water bottle and a light jacket (just in case) Label everything with child's name.
<b>How do I register?</b>	By Mail: Mail the attached registration & health form with payment to Grove Presbyterian Church, 376 Bloom Street Danville, PA 17821. Checks made payable to Grove Presbyterian Church; put the camper's name in the memo.  Online: <a href="https://onrealm.org/GrovePres/PublicRegistrations/Event?linkString=ODBmNTQ0NzctZmU5Ni00MDRILWI4YzltYjQ0MzAxMzIzZmE2">https://onrealm.org/GrovePres/PublicRegistrations/Event?linkString=ODBmNTQ0NzctZmU5Ni00MDRILWI4YzltYjQ0MzAxMzIzZmE2</a> Health form can be printed from link and turned in on the first day of camp.  Call <b>570-275-0692</b> or email <a href="mailto:office@grovepres.org">office@grovepres.org</a> with questions.
<b>Health Check</b>	Campers are monitored for overall health. Should excessive coughing, fever, or other health concerns manifest during the day, parents will be called.
<b>More info...</b>	Visit <a href="http://www.krislund.org">www.krislund.org</a> Click on the Traveling Day Camp Link.

**GROVE PRESBYTERIAN CHURCH**

376 Bloom St  
Danville, PA 17821

**KRISLUND CAMP & CONFERENCE CENTER**

189 Krislund Dr., P.O.Box 116  
Madisonburg, PA. 16852

**TRAVELING DAY CAMP REGISTRATION and HEALTH FORM**

for Summer 2026, August 3-7

The **TRAVELING DAY CAMP HEALTH FORM** must be provided at time of check-in before the camper is able to participate in Krislund Traveling Day Camp Activities.

**Camper's name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Completed \_\_\_\_\_ Gender \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Business Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

**Second Parent/Guardian/Emergency contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Other emergency contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

This health history is correct so far as I know, and may be photocopied/shared with Grove Presbyterian and Krislund Camp staff. The camper named above has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Camp Administrator to: provide routine and emergency health care; administer medications; order X-rays, routine tests, treatment; release any records necessary for insurance purposes; and provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the Camp's health care manager to secure and administer necessary treatment, including hospitalization, for the person named above.

SIGNATURE of parent/guardian : \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Insurance Information**

Insurance carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy or group #: \_\_\_\_\_

Camper's coverage/ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Current medications:**

(All campers who will be taking medications while at camp will need to meet with the camp Health Care Manager)

<b>√*</b>	<b>Medication</b>	<b>Dose</b>	<b>Time to be taken</b>

**\*√** Check this box if the medication is to be continued while at camp

**Medication/Food Allergies:** (Please note, our kitchen is not gluten or nut free.)

**Other Issues to note:**

**Consent (Activities / Photo Release)**

In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Administrator to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named above.

I have read and understand that I agree to abide by the refund policy and agree to pick my child up early for illness or disciplinary reasons.

I give permission for me/my child to participate in the activities of the 2026 Krislund Traveling Day Camp @ Grove Presbyterian church, recognizing there is an element of risk in any adventure, sport, or activity.

By signing below I also release all camp leaders and ministry partners as well as Grove Presbyterian Church and their members and staff from any liability that may arise. I have been informed that all camp leaders have provided background checks and clearances.

I give permission for the use of photographs and video including me/my camper or articles written by me/my camper to be used in publicity including the Grove Presbyterian Church or Krislund Camp & Conference Center website and internet sites promoting or reporting on Krislund or Grove.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_