



Camper Registration and Participation Agreement

Penn-Jersey District Youth Camp

Sunday, July 1st – Thursday, July 5th, 2018

Tuscarora Inn and Conference Center, Mt Bethel, PA

\$295 Per Student

Church Name:		Youth Leader Name:
Teen's Name:		Home Address:
Date of Birth: (must be 12 years of age by time of camp)	Sex - Circle One: MALE FEMALE	T-Shirt Size (Adult S-3XL):
Parent/Guardian Name:		Parent/Guardian Phone:
Emergency Contact 1 (name & relationship):		Phone:
Emergency Contact 2 (name & relationship):		Phone:

MEDICAL INFORMATION

Date of last Tetanus Shot: ___/___/___

CHECK all that apply:

Nose Bleeds Migraines Diabetes Convulsions/Seizures Asthma Vision Impaired

Hearing Impaired Bowel or Bladder Incontinence Mental Health

Other: _____

Infections: Eye Ear Nose Throat **Allergies:** Hay Fever Insect Stings

Other: _____

PLEASE LIST ANY SPECIAL INFORMATION, INCLUDING ALLERGIES, DIETARY AND ACTIVITY RESTRICTIONS AND MEDICAL CONDITIONS (attach additional paper if needed):

For Office Use Only

Counselor Name: _____

Room Number: _____

LIST ANY MEDICATIONS THAT MUST BE TAKEN. BOTH PRESCRIPTION AND NON-PRESCRIPTION. INCLUDE TIMES TAKEN, ANY SPECIAL CONSIDERATIONS (Example: with Apple Sauce), ANY SIDE EFFECTS COMMON TO TEEN AND WHAT CAN BE DONE AS PREVENTION (Example: Asthma) AND REASONS FOR TAKING MEDICATION. Please Send Rescue Medication Including Preferred Allergies Medicine for Asthma and Allergies.

ALL MEDICATIONS (Prescription and Non) must ONLY be Administered by the CAMP Nurse.
 Prescription Drugs Must Come in Original Packaging with Prescription Labels (includes Inhalers and Epi-Pen). Please make sure names are on all medication.

Non Prescription Drug Choice: _____

Dosage: _____ **Circle:** Pills or Liquid

Camp Nurse Will Administer Over the Counter Medication and Ointments as needed for non-urgent medical concerns for GI Upset, Headache, Fever, Allergies, Skin Irritation, ETC.

If Needed, does Parent want to be notified? Circle: Yes or No

Phone Number: _____

Insurance Carrier:	Group/Policy #:
Family Doctor:	Address/Phone Number:

Consent to Participate

I, the undersigned, have legal custody of the student named on this form, a minor, and have given my consent for him/her to attend the activities of Penn-Jersey District Youth. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Penn-Jersey District Youth, host churches, and their pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

Consent for Medical Treatment

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by event leaders. In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member. The Camp Nurse can administer Tylenol, Motrin, Advil, Benadryl, Cough Drops, and Anti Diarrheal Medications as needed.

Consent for Transportation

I consent for the student named on this form to utilize transportation sponsored by the Penn-Jersey District Youth, host churches, and their pastors, employees, agents and volunteer workers if needed for any purpose.

Consent for Media

I grant permission to Penn-Jersey District Youth, its representatives and employees the right to take photographs of my child during the event. I authorize Penn-Jersey District Youth to use and publish these photographs in print and/or electronically. I agree that Penn-Jersey District Youth may use such photographs of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF I OR ANY OF MY CHILDREN ARE INJURED IN ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM ANY PENN JERSERY OR TUSCARORA ENTITY.

Parent Signature

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: ____/____/2018

Water Activities

I Grant Permission for my Teen to participate in Supervised Waterfront and Water Activities

Parent/Guardian Signature: _____ Date: ____/____/2018

Teen Signature

I Pledge to Follow Camp Rules and any Directions of the Camp or District Staff.

Teen's Printed Name: _____

Teen's Signature: _____ Date: ____/____/2018

Deadlines (Postmarked by the following dates):

BY MAY 18: Registration and \$100 deposit guarantees T-shirt availability

BY JUNE 19: Registration and payment and full

AFTER JUNE 19: Registrations will be accepted on a space available basis at the rate of \$310 per person.

Please return items to your youth pastor/leader or mail individual registrations to:

Rodney Murphy II

101 Gearhart Ave Sunbury, PA 17801

Email: littlerod13@gmail.com

Please make Checks Payable to: Penn-Jersey District Youth

Questions regarding the completion of this form can be directed to Pastor Casey Spencer, District Youth President, 814-553-0355 or casey1faith@ gmail.com.