

Camp Whitney

Junior Camp Registration Form

2nd -7th Grades

July 7th -13th 2024

Registration Due by June 23, 2024

Campers Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Phone _____

DOB _____ Age _____ Grade fall of 2024 _____

Sex: M or F

Has your camper been baptized? Yes No

If your child wishes to be baptized do we have your permission? Yes No

We have a baptism Saturday at 10:30 for anyone who has permission.

Contact Information

Mom's name: _____

cell: _____ work: _____

Dad's name: _____

cell: _____ work: _____

Guardian: _____

Address if different: _____

City: _____ State: _____ Zip: _____

cell: _____ work: _____

Emergency contact: _____

Relationship: _____ Phone: _____

Director Use: _____ Rec'd _____
From: _____ Cash/Check # _____
Pre registration \$ _____ Parent Balance \$ _____
Church Balance \$ _____ Balance Paid \$ _____
Cash/check# _____

Financial Information

Camp Cost \$ 150.0

REQUIRED REGISTRATION DEPOSIT IS NONREFUNDABLE. (-) \$ 40.00

No refunds for no shows or leaving camp early

Church Payment (-) \$ _____

(Check with your church about the part they may pay)

Balance \$ _____

Pastor signature _____

Church name: _____

Camper Balance due upon arrival

\$ _____

Make checks payable to: WVACC

Mail to: Nancy Smith

1116 5th Street Letart, WV 25235

Venmo payments available at WVACC5100@gmail.com

Phone code 6496 Note: campers name in description

Subject to a 20.00 LATE FEE..NO exception..if full payment or deposit is postmarked after June 23,2024

Camper Packing List

Flashlight Fan Dirty clothes bag Sunscreen/ Bug spray

Shower articles (towels and toiletries)

Class Materials (Bible, Notebook & Pen)

Swimwear (girls-1 piece bathing suite only)

Twin size bedding (sheets, pillow, blanket or sleeping bag)

Activity and Medical Release Waiver

Camper Name _____

For Emergencies Call:

1. Name _____ Phone# _____

2. Name _____ Phone# _____

Emergency Contact: _____

Phone: _____

Physician Name _____

Insurance Company _____

Policy No. _____

Policy Holder name: _____

date of birth _____

I understand that, in the event of an emergency, CW staff will make every effort to contact parents & emergency contacts. In the event that CW is unable to make contact I give my permission to CW staff to secure treatment for my child as named on this form. I understand that completion of this medical form with my signature grants the above named camper, participation at Camp Whitney. This includes giving my permission for them to participate in physical activities, field games, swimming in the pool and any outings. _____

I release Camp Whitney staff, trustees, and management from any liability and will not hold Camp Whitney responsible for any articles lost, stolen or left at the camp. _____ Camp Whitney has my permission to use any video/ photos taken of my child while attending Camp Whitney to promote the camp ministry (including websites, Facebook and printed media...no camper names will be used). _____

Camp Whitney liability insurance only assists medical injuries occurring during the duration of the Camp Whitney program. Individual insurance coverage will be primarily responsible for extended coverage and Camp Whitney's insurance will assist with secondary overage only.

Medical History

-Tetanus Booster Current?(in last 10years) Yes No

Date of last booster _____

My child has no allergies or medical problems _____ (initial)

(may skip the rest of this side of page if checked)

Allergies:

Does your child have an Epi Pen? Yes No

Is your child allergic to any of the following:

Food: Yes No

Reaction: _____

What types: _____

Hay Fever: Yes No Reaction: _____

Poison Ivy: Yes No Reaction: _____

Insect Stings: Yes No

What insect & reaction: _____

Medications Yes No

MEDICAL CONDITIONS

(please give apx. dates of diagnosis if applicable)

			Date
Heart Disease:	Yes	No	_____

details of condition: _____

Blood Clotting Disorder	Yes	No	_____
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details of condition: _____

Diabetes	Yes	No	_____
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Asthma	Yes	No	_____
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Seizures	Yes	No	_____
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ADD/ADHD	Yes	No	_____
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Hearing Problems	Yes	No	_____
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Vision Problems	Yes	No	_____
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Tubes in ears	Yes	No	_____
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Sleep Walking	Yes	No	_____
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Headaches	Yes	No	_____
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Other Medical Comments/Concerns not listed above:

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Medical Permission Form

I, _____ the parent / legal guardian of the camper named on this form, give my permission for the personnel at Camp Whitney to:

1. Dispense Tylenol, Advil (or generic equivalent) to camper for headache, fever, or minor pain;
2. Dispense Benadryl (generic equivalent) to camper for allergic reactions;
3. Dispense Tums or Pepto-Bismol for upset stomach;
4. Dispense Hydrocortisone Cream or over the counter antibiotic ointments (such as Neosporin) for minor injuries;
5. Dispense medication(s) brought to Camp Whitney by the parent/guardian listed below;
6. Dispense prescription or other over-the-counter medication designated by and provided by the parent /guardian or family physician.

Parent / Guardian Signature

_____ Date _____

“Camper Provided” Medication Info

All medicines must be turned in to the nurse at registration.

All medicines must be in original containers when brought to camp.

My camper is not bringing any medicine _____

Name of medication	Reason taken	Dosage	Times given	Side effects

Call or Text 304-593-2649 for any questions

1. Campers are expected to attend & participate in ALL camp activities.

2. The following behaviors will result in dismissal from the camp:

- a. Hazing, hitting or disrespect to campers, faculty, or staff;
- b. Failure to respond to the authority of camp staff;
- c. Stealing or pilfering through other’s belongings; or

3. Campers who destroy camp property (buildings, equipment, vehicles, grounds, etc.) will be responsible for the cost of repair or replacement. Please DO NOT write on bunks, tables, or walls!

4. The use of tobacco, alcohol, undesirable language, weapons, or fireworks, are prohibited at camp.

5. Electronic Media (including cell phones, i-pods, video games, & i-pads) are discouraged from being brought to camp. Any damages or lost items are not CW responsibility. Any person taking pictures in the dorm or posting pictures online without parent’s permission can be legally responsible for their actions.

6. Campers may not leave the dorm after lights out without being accompanied by a staff member.

7. NO food or drinks will be allowed in the dorm rooms OR Chapel.

Do not bring snacks or drinks for your camper/ food and snacks are provided

8. All illness/ injuries are to be reported to the camp nurse or director immediately! Insurance coverage is in effect, but prompt reporting is essential. Sick children are not to be brought to camp.

9. Parents please be prompt on picking up day, however, early departure is not recommended

10. Upon entering the camp grounds, it is REQUIRED that ALL campers have their heads checked PRIOR TO REGISTRATION. If your child is determined to have lice OR nits, with our examination, they will be required to leave camp and unable to return to camp this year. This is for the protection of all our campers and staff.

11. The Cost for your week of camp includes the camp program, daily meals, night time snacks, and lodging. Extra money is needed for the camp store. The campers are responsible for their money. Recommend \$15 for the week

12. Sunday Registration will be at 3:00-4:00 Sunday. Pickup times: Campers are to be picked up promptly at 10:00 Saturday. Baptism at 10:30.

13. Visitor Policy: Please join us an evening for service at 8pm however we discourage visitation during the day as it interrupts planned activities

14. Do not bring: -Cell phones / video games of any type
-Weapons/Fireworks /Tobacco or Alcoholic Products
-Healy’s or Skateboards -Water guns

I have read and fully understand the guidelines listed above. If the camper fails to abide by the guidelines stated, disciplinary action will occur and may include dismissal from the camp program.

Parent signature _____ date _____

Camper signature _____ date _____

Do not come before 3:00 for registration. Registration is from 3:00-4:00