

Camp Whitney

Senior Camp Registration

7 th -12 th Grades June 23-29 2024

Registration Due by June 1st

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

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:

Form Rec'd _____

From: _____ Cash/Check # _____

Pre registration \$ _____ Parent Balance \$ _____

Church Balance \$ _____ Balance Paid \$ _____

Cash/check# _____

Financial Information

Camp Cost \$ 150.00

T-shirt \$18.00 size _____ \$ _____

Hoodie \$35.00 size _____ \$ _____

ALL APPLICATIONS POSTMARKED AFTER JUNE 1 st ARE
SUBJECT TO A \$20.00 LATE FEE...NO EXCEPTIONS

Venmo payments available at WVACC5100@gmail.com

Phone code 6496 Note campers name in description

SUBJECT TO A \$20.00 LATE FEE...NO EXCEPTION
REQUIRED REGISTRATION DEPOSIT IS
NONREFUNDABLE. \$ 40.00

Check with your church about the part they may pay)

Church Payment \$ _____

Pastor signature _____

Church name: _____

Balance \$ _____

Camper Balance due upon arrival \$ _____

Make checks payable to: WVACC

Mail to: Missy Hay

907 Old House Rd Elkview, WV 25071

Camper Packing List: Flashlight Fan Dirty clothes bag Sunscreen/ Bug spray Shower articles (towels and toiletries) Clothes (see attached dress code)
Class Materials (Bible, Notebook & Pen) Hoodie, sweatshirt or jacket Jeans, Capris, knee length dresses for church Tennis shoes (Required to bring at
(REQUIRED bring at least 1 pair) Swimwear (girls-1 piece bathing suite only) Twin size bedding (sheets, pillow, blanket or sleeping bag)

Activity and Medical Release Waiver

Medical History

Camper Name _____

In case of Emergency contact:

1. Name _____ Phone# _____

2. Name _____ Phone# _____

Physician Name _____

Insurance Company _____

Policy No. _____

Policy No. _____

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 coverage only.

Tetanus Booster Current?(in last 10 years) 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 the best dates of diagnosis if applicable)

Heart Disease: Yes No Date _____

details of condition: _____

Blood Clotting Disorder: Yes No Date _____

details of condition: _____

Diabetes: Yes No Date _____

Asthma: Yes No Date _____

Seizures: Yes No Date _____

ADD/ADHD: Yes No Date _____

Hearing Problems: Yes No Date _____

Vision Problems: Yes No Date _____

Tubes in ears: Yes No Date _____

Sleep Walking: Yes No Date _____

Headaches: Yes No Date _____

Other Medical Comments/ Concerns not listed above: _____

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 _____ (initials)

Medication	Reason taken	Dosage	Times Given	Side Effect

I have read, discussed and understand along with my camper the guidelines that are listed above. If the camper fails to abide by the guidelines Disciplinary action may be taken, which may include dismissal from camp.

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 others belongings; or
 - d. Parents will be contact if campers consistently fail to follow the camp dress code. See Dress Code
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's, i-pads, video games etc. are discouraged from being brought to camp. Any damages or lost items are not CW responsibility.
6. Campers may not leave the dorm after lights out without a staff
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. Campers will only need extra money for the store. Apx \$15.00
9. All illness/injuries are to be reports to the camp nurse or director Immediately. Sick children are not to be brought to camp.
10. Parents, please be prompt to pick up your children on dismissal dy, however Early dismissal is discouraged as we have closing ceremonies
11. Upon entering the grounds, It is required that all campers and staff have their heads checked for lice/nit by our examination. If it is determined to have either they will not be permitted to attend camp that year. Please do not enter the dorm prior to this inspection as a safety Precaution to everyone.
12. Sunday registration will be 2:00-3:00. Saturday pick-up is prompt at 11:00. If you need to adjust these times please reach out to the camp Director PRIOR to camp.
13. Visitor Policy: You are welcome to join us for evening services at 8:00pm, however we discourage visitation during the day as it interrupts our planned Activities.

Parent Sign: _____ Date: _____ Camper Sign: _____ Date: _____