

ADVENTURE CAMP



AT CAMP PADDY RUN

July 28 - August 1, 2019
Open to youth in grades 7-12.

JOIN US for an exciting week in the great outdoors!

Discover all that the beautiful Shenandoah Valley has to offer— hiking atop the Blue Ridge to take in majestic views, wildlife encounters as you paddle along the Shenandoah River, team initiatives, and so much more! Plus, you'll experience all the good 'ole fashioned Camp Paddy Run fun you've come to expect— flashlight games, scavenger hunts and campfires cooking!

During our time together, we will seek our own 'Mountaintop Experience' through studying God's Word, worship and prayer.

Adventure Camp is open to all youth starting grades 7 to 12 in the Fall of 2019. Scheduled outdoor activities are subject to change based on weather and river conditions.

DEADLINE TO REGISTER IS JULY 15, so don't delay!

Visit www.CampPaddyRun.org for more information
or call Amy Tubbs at 540-692-9029

ADVENTURE CAMP AT CAMP PADDY RUN

July 28 thru August 1, 2019



LAST DAY to return this FORM: Monday, July 15 Registrations will be honored on a first come-first serve basis. If we reach capacity, we may have to turn campers away.
SO REGISTER NOW!

Campers going into grades 7- 12 in the fall of 2019 may attend. **Grade (next fall):** _____

Camper name: _____ **Height:** _____

Sex: _____ **Age:** _____ **Birthday:** _____ **Home Church (if any):** _____

Address: _____ **Email:** _____
(street/route) (city) (State) (zip)

Parent's/Guardian's Name: _____ **phone:** _____

Parent's/Guardian's Name: _____ **phone:** _____

* please list home, work and cell phone numbers.

In case of emergency, contact: Name: _____ Phone: _____

Relationship to camper: _____

CAMP RULES AND DISCIPLINARY POLICY: I understand that by registering my child to attend Adventure Camp at Camp Paddy Run, I am entering into a covenant with the Paddy Run Outdoor Ministry Committee of Shenandoah Presbytery in which I agree to abide by the polices of the camp as stated in the brochure and this registration / medical form. In case of severe disciplinary problems, I understand that I will be called to pick up my child at the Camp. I also understand the Camp does not have a nurse on its staff. If my child is traveling from West Virginia, he/she has permission to travel with the group to Camp Paddy Run and other locations in Virginia for outdoor adventure. **THIS SIGNED FORM IS DUE BEFORE PARTICIPATION IN THE EVENTS AND ACTIVITIES OF ADVENTURE CAMP.** *Signature space can be found at the bottom, opposite side of this form.*

***\$\$ Please make checks payable to: \$\$*
'Camp Paddy Run'**

Mail this form & payment to:
Camp Paddy Run
Attn: Amy Tubbs
12520 Basswood Drive
Manassas, VA 20112

Questions? Call 540-692-9029

Financial assistance is available in the event you are unable to afford the registration fee.

Payment information

Camper registration: \$125 per camper \$ _____

Additional donation:
Please accept this additional donation to help other youth attend this camp. \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

****Make checks payable to 'Camp Paddy Run'**

****OVER: Medical Information & Release for ALL CAMPERS:** Please complete the back of this form. Parent or Guardian be sure to sign the release at the bottom of the page.

Medical Information- ALL CAMPERS

Is this camper in general good health and able to participate in all normal camp activities? __YES __NO

If 'No' please explain: _____

Does your child have problems with any of the following?

Hay Fever	Fainting	Penicillin	Bee Sting	Convulsions
Asthma	Poison Ivy	Sulfa	Allergies	
Other (name) _____:				

If any of the above is YES, please submit a statement of how the child has been treated and with what medication. Proper medication must be brought to camp and given to the Camp Director. All immunizations will be the responsibility of the family in consultation with your family physician or clinic. Give the most recent date of

DPT Series _____ DPT Booster _____ Polio Series _____ Polio Buster _____

Mumps _____ Tetanus Booster _____

Operations or serious injury and dates: _____

Food/Allergy Restrictions: _____ Medication Allergies: _____

Does this camper know how to swim? Yes No

If the camper is to use an inhaler or Epi-pen, please be sure it is sent to the camp and notify staff.

Please attach a note to indicate any physical, emotional, or psychological problem that will help us provide the best possible experience for your camper.

INSURANCE AND MEDICAL SERVICES: THE CAMPER'S FAMILY HEALTH INSURANCE IS USED FIRST.

Camp insurance covers, only if there is no family insurance. In case of emergency, Camp Paddy Run uses available physicians in Strasburg, Stephens City, VA, and the Winchester Medical Center in Winchester, VA. Camp Paddy Run does not provide an on-site nurse. We are approximately 3 miles from the Star Tannery Volunteer Rescue Squad.

Please give the date of the most recent physical examination:

Date: _____ Doctor: _____

Address: _____ Phone: _____

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs or videos including my child in camp publicity; for my son or daughter to be transported in privately owned vehicles to and from the camp which is in Virginia, or for approved out-of-camp activities, and for the release of medical records in case of illness or accident.

In case of emergency, I understand that every effort will be made to contact parents or guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child named herein. Furthermore, I release Camp Paddy Run and the staff from all responsibility in case of illness and/or accident.

Family Health Insurance Company: _____

Policy No.: _____ Date: _____

Signature of Parent or Guardian:
