

# Registration- ALL CAMPERS

## Day Camp at Camp Paddy Run, June 25-29, 2018



**DEADLINE FOR THIS FORM: June 11<sup>th</sup>- no exceptions!** Registrations will be honored on a first come-first serve basis. If we reach capacity, we may have to turn campers away. It is in the safety and best interest of everyone to adhere to this policy. **SO REGISTER NOW!**

**CAMPER AGE:** Campers going into grades 1- 12 in the fall of 2018 may attend.

Camper name: \_\_\_\_\_ Grade (next fall): \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: *circle one* Youth sizes: S M L Adult sizes: S M L XL XXL

Birthday: \_\_\_\_\_ Home Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(street/route) (city) (State) (zip)

Parent's/Guardian's Name: \_\_\_\_\_

First time at Day Camp?  Yes  No Did he/she come with a friend? Name: \_\_\_\_\_

**In case of emergency, contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**Select location for Bus/Van pick-up & drop off:** See the brochure for location, drop-off and pick-up times.

Stephens City, VA  Strasburg, VA  Baker, WV  Wardensville, WV

Check here if you plan to  drop-off or  pick-up your camper/campers. Which days? Circle: M T W TH F

**CAMP RULES AND DISCIPLINARY POLICY:** I understand that by registering my child to attend Day Camp at Camp Paddy Run, I am entering into a covenant with the Day Camp at Camp Paddy Run Ministry Team in which I agree to abide by the polices of the camp as stated in the Day Camp 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 in Virginia. **THIS SIGNED FORM IS DUE BEFORE PARTICIPATION IN THE EVENTS AND ACTIVITIES OF DAY CAMP.** Signature space can be found at the bottom, opposite side of this form.

**\*\*\* Please make checks payable to: \*\*\***  
**'Mt. Hope Day Camp'**

**Mail this form & payment to:**  
Mt. Hope Day Camp  
Attn: Maxine Caperton  
1429 Coal Mine Rd  
Strasburg, VA 22657

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

Check here and you will be contacted by a member of the Day Camp team.

### Payment information

**Camper registration:** \$35 per camper \$ \_\_\_\_\_

#### Additional donation:

I understand the actual cost per camper is \$75. Please accept this additional donation to help with costs and financial aid. \$ \_\_\_\_\_

#### Teen overnight: ( grades 7 – 12 only )

1 night: \$10 extra fee 2 nights: \$15 extra fee \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**\*\*Make checks payable to 'Mt Hope Day Camp'**

**\*\*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 Deadline is June 11<sup>th</sup>!

Is this camper in general good health and able to participate in all normal camp activities? \_\_YES \_\_NO

In '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: \_\_\_\_\_

**If the camper is to use an inhaler or epi-pen**, please be sure it is sent to the camp every day and notify his/her teacher.

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 Information- ALL CAMPERS

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, the Day Camp uses available physicians in Strasburg, Stephens City, VA, and the Winchester Medical Center in Winchester, VA. The Day Camp 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 of the Day Camp at Camp Paddy Run from all responsibility in case of illness and/or accident.

Family Health Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: