MONVALLEY DISTRICT JUNIOR YOUTH CAMP

REGISTRATION FORM FOR YOUTH AGES 8-12

July 28th-31st 2019 at Camp Muffly

|  |
| --- |
| **CAMPER INFORMATION** |

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entering Grade\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_ Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size (Circle One): YS YM YL S M L XL 2XL

|  |
| --- |
| **MEDICAL INFORMATION** |

* At minimum, a staff member with First-Aid and CPR is at camp when campers are present.
* Campers should arrive ready to participate in the program. Should your camper be unable to participate, please contact the Camp Director to discuss options for your camper.
* Campers should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).
* The camp nurse is responsible for giving medications at camp. All medications need to be turned in to the camp nurse at registration. Please bring medications in a labeled Zip-loc bag with a list of medications to be given and instructions for administering. The camp has an OSHA approved First-Aid Kit on site as well as standard first-aid OTC medications (Aloe Vera Gel, Calamine Lotion, Anti-diarrhea, Antacids, Antihistamines, Hydrocortisone cream, Tylenol, & Motrin) which may be given to your child at the camp nurse’s discretion.

1. Date (month & year) of your child’s most recent tetanus immunization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Has your child had the MMR (measles-mumps-rubella) vaccine?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . □ Yes □ No

3. Is this child allergic to any food or medication? If YES, please name the item and indicate the reaction. . . . . □ Yes □ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Intolerance □ Anaphylaxis

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Intolerance □ Anaphylaxis

4. Does this child have asthma? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . □ Yes □ No

 If YES, will your child carry a rescue inhaler during the camp session? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . □ Yes □ No

 If YES, does your child need staff help to use that rescue inhaler? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . □ Yes □ No

 If YES, what triggers your child’s asthma? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. We will call when there is a question about your child’s health and/or in an emergency. Provide contact information for a custodial parent or guardian who will be available via phone while your child is attending our program.

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. In case of an emergency and we are unable to contact the parents listed above, please list a nonparental/guardian that we may contact.

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. List the medications that your camper takes on a routine basis: □ This camper takes no routine medication.

Med: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for taking this: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Med: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for taking this: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What else should we know about your child? Please write additional information about your child’s health that may impact your child’s participation in our program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*In case of an emergency and your child would need immediate medical attention; we are requesting a copy of your child’s medical insurance card for the upcoming camping season. You may mail a copy of the card (front and back) with the application or bring a copy with you to registration. If you are unable to make a copy, we ask that you bring the insurance card with you at registration so that we may make a copy at camp. A copy of the card must be on file with us for your child to stay at camp.\*\*\***

Parent/Guardian Authorization

This information is correct, and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child’s health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Regular Activities Parental Permission and Release of Liability** |

I give the child named on this form permission to attend the MonValley District Junior Youth Camp and to participate in scheduled and unscheduled activities, except as noted on this form. I have read and understand the risks, and responsibilities, and liabilities as listed below. I certify that I am aware of the inherent risks associated with outdoor camp activities as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child/ward permission to participate in all camp activities. Camp activities may include but are not limited to: hiking, climbing, running, swimming, and field sports. Further, in consideration from MonValley District Junior Youth Camp agreeing to accept the aforementioned child as a camper, I hereby personally assume all risks in connection with my child’s attendance and participation in the events at MonValley District Junior Youth Camp.

• In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

• I understand that my personal insurance coverage will be the primary coverage. No additional coverage is provided by MonValley District Junior Youth Camp. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

• I agree to release and hold harmless MonValley District, its Trustees, employees, instructors, volunteers, agents, and all others who are involved for any injury, harm or other damage by any occurrence in connection with my child’s participation in camp activities in any form or fashion. I further agree to release and hold MonValley District, its Trustees, employees, instructors, volunteers, agents, and all others who are involved from any claim by me, or my family, estate, heirs or assigns out my child’s participation in activities at MonValley District Junior Youth Camp.

• As previously listed, I authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director, or a designated representative working under him or her, as circumstances require. I further authorize MonValley District Junior Youth Camp Staff to render first-aid and to administer medication as prescribed and received at check in.

• I agree that I am financially responsible for any damage to camp property caused by my child, including graffiti.

• The aforementioned camper agrees to obey all camp rules, and to fully cooperate with adult leadership, camp staff, and other campers. I agree that if in the judgment of the adult leadership or camp staff my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

• I agree and consent that my child’s photograph may be used for promotional purposes or publicity material by MonValley District Junior Youth Camp.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **AQUATIC ACTIVITIES****ACKNOWLEDGE OF RISK****WAIVER AND RELEASE OF LIABILITY** |

In consideration of my use of camp facilities, I hereby forever release and covenant not-to-sue the MonValley District, its Trustees, employees, instructors, volunteers, agents, and all others who are involved, from any and all present and future claims resulting from ordinary negligence on the part of the camp or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in pool use activities, or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that swimming and other aquatic activities involve certain risks, including but not limited to death. I will voluntarily use camp facilities with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death. I have a personal responsibility to follow any safety rules and procedures established by the camp and that are associated normally with swimming and other aquatic activities.

I further agree to indemnify and hold harmless the MonValley District, its camp and others listed for any and all claims arising as a result of my participation in aquatic activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State West Virginia, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of West Virginia.

If I am at least 18 years of age, I affirm that I am signing this agreement solely and freely. If I am under 18 years of age, I will also obtain the signature of my parent or guardian. I have read and understand all materials outlining aquatic activities, including this waiver and agree to abide by these terms.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE MAIL THE FIRST 3 PAGES OF THIS FORM AND FEE TO:**

**Mon Valley District 309 Cleveland Ave., Suite 100, Fairmont, WV 26554**

COST: $135.00 if received by July 17th. $145.00 if received after that. Make Checks payable to: MONVALLEY DISTRICT. Families who, for various reasons, are not able to afford a camp experience, should have their pastor contact the camp director or district office about assistance. A limited number of camperships are available.

WHO IS INVITED: Any youth ages 8-12.

WHEN: Sunday, July 28th to Wednesday, July 31st. Registration will be from 2pm-4pm on Sunday. All campers should be picked up between 10am-11am on Wednesday.

WHERE: Camp Muffly (Monongalia Co. 4H Camp) located off the Goshen Road Exit off I-79. From I-79: Follow Goshen Road east about 2 miles to 4-H Camp Road, turn left onto 4-H Camp Road and continue about 1 mile north and the camp is on the left.

WHAT TO PACK: Sleeping Bag or Sheets & Blanket, Pillow, Towels, Soap, Toothpaste & Toothbrush, Jacket, Closed-Toe Shoes, Swimsuit, Sunscreen, Flashlight, & Bible. DON’T FORGET YOUR SILLY STRING (to be turned in to camp director upon check-in)!

For a full list of what to bring, what to leave at home, camp rules, and FAQ’s please go to our NEW WEBSITE at

<http://monvalleychurchcamp.org>

Make Sure to Like and Follow us on Social Media too!

 MonValley Church Camp

 monvalleychurchcamp

@MVChurchCamp

If you have any question, please contact Codi Richards at 304-657-2013 or email us at monvalleychurchcamp@gmail.com

\* CAMP IS GOING TO BE AN EXPLOSION OF FUN THIS YEAR! WE CAN’T WAIT TO SEE YOU THERE! \*