

Registration Form:

Group Registration: If you are registering through your local church congregation, please complete and submit registration and health form either online or paper copy, with payment, to your church. We would like ONE check from your church for all campers.

Individual Registration: If you are registering individually, fill out registration and health form and send directly to Whitehall with check or money order made out to Whitehall Camp. Thank you!

Name: _____ Age: _____ Grade: _____
 Address: _____ Gender: M F
 (Please circle)
 City: _____ State: _____ ZIP: _____
 Parent/Guardian Name: _____
 Home Phone: _____ Parent Cell Phone: _____
 Email: _____
 Church Name: _____ Pastor: _____
 Roommate Preference: _____

Camp Attending: (please check appropriate box)

- 3rd-5th Grade Camp
- Jr. High Camp
- Sr. High Camp
- Guy's Backpacking Trip
- Discovery Days Camp
- ARC Day Camp

Appropriate camp is determined by grade just completed.

ONLINE REGISTRATIONS NOW
AVAILABLE @ www.whitehallcamp.org

T-shirt Size: (Circle one)

Youth Sizes: S M L XL Adults Sizes: S M L XL XXL

Payment Section:

Amount Enclosed: \$ _____

Amount Church is Paying: \$ _____

Mail Registration Form, Payment, and Health Form to:

Whitehall Camp & Conference Center
 580 Whitehall Rd.
 Emlenton, PA 16373

Please do not send cash. Check or Money Order made payable to Whitehall Camp & Conference Center. Or pay by Credit Card (see reverse side to submit credit card information)

Payment by Credit Card

Visa MasterCard Discover

Account # _____

Name on Card _____

Expiration Date _____ Amount \$ _____

Please check this box if you would like a receipt mailed to you.

Media & Activities Release Waiver

Media Release

I give permission for pictures and/or video to be taken of myself, or the camper listed below, and to be used for the Highlight Video and other promotional materials at Whitehall Camp & Conference Center.

Initials _____

Adventure Activities Consent and Release

I hereby freely, knowingly, and voluntarily consent to and give permission that I, or the camper listed below can participate in Adventure Activities conducted by Whitehall Camp & Conference Center staff & volunteers. For the purpose of this waiver, "Adventure Activities" includes, but is not limited to, canoeing, hiking, archery, activities and the challenge course.

I recognize, however, that participation in Adventure Activities can be dangerous, and hereby acknowledge that my consent on behalf of myself, or the camper listed below is voluntary and informed. I also acknowledge that I, or the camper listed below, will be trained at camp to safely participate in the Adventure Activities and that the use or non-use of such training shall, under no circumstances, result in a claim against Whitehall Camp & Conference Center.

Initials _____

 Camper's Name Camper's Signature (if 18 or older) Date

 Parent/Guardian Name Signature of Parent/Legal Guardian Date