

# DAY CAMP REGISTRATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Best Phone # to Reach them: \_\_\_\_\_

**Cost: \$85**

Attending the Overnight on Thursday?

Yes  No

(If yes, add \$15)

Subtotal: \_\_\_\_\_

Are you a paid Member of the Boys & Girls Club

Yes  No

(If so you can subtract \$50)

Members Only (- \$50)

Total Payment Enclosed: \_\_\_\_\_

Make Checks payable to:

Whitehall Camp

Or pay with Credit Card (see reverse side)

**ONLINE REGISTRATION**

**NOW AVAILABLE AT**

**[www.whitehallcamp.org](http://www.whitehallcamp.org)**

Mail to:

Whitehall Camp & Conference Center

580 Whitehall Rd.

Emlenton, PA 16373

**IMPORTANT:**  
See Reverse side to sign  
the Media and Activities  
Release Waiver!

\* Please fill out and send in the enclosed HEALTH FORM



# DAY CAMP REGISTRATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Best Phone # to Reach them: \_\_\_\_\_

**Cost: \$85**

Attending the Overnight on Thursday?

Yes  No

(If yes, add \$15)

Subtotal: \_\_\_\_\_

Are you a paid Member of the Boys & Girls Club

Yes  No

(If so you can subtract \$50)

Members Only (- \$50)

Total Payment Enclosed: \_\_\_\_\_

Make Checks payable to:

Whitehall Camp

Or pay with Credit Card (see reverse side)

**ONLINE REGISTRATION**

**NOW AVAILABLE AT**

**[www.whitehallcamp.org](http://www.whitehallcamp.org)**

Mail to:

Whitehall Camp & Conference Center

580 Whitehall Rd.

Emlenton, PA 16373

**IMPORTANT:**  
See Reverse side to sign  
the Media and Activities  
Release Waiver!

\* Please fill out and send in the enclosed HEALTH FORM



**Payment by Credit Card**

Visa       MasterCard       Discover

Account # \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please check this box if you would like a receipt

**Payment by Credit Card**

Visa       MasterCard       Discover

Account # \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please check this box if you would like a receipt

**Media & Activities Release Waiver**

**Media Release**

I give permission for pictures and/or video of 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 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, snow 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 the camper listed below is voluntary and informed. I also acknowledge that 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

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Media & Activities Release Waiver**

**Media Release**

I give permission for pictures and/or video of 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 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, snow 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 the camper listed below is voluntary and informed. I also acknowledge that 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

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date