



580 Whitehall Rd. Emlenton, PA 16373

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REGISTER ONLINE TODAY!



# SENIOR HIGH CAMP

(9th-12th Grade) June 9-14, 2024

APPROPRIATE CAMP DETERMINED BY GRADE JUST COMPLETED

**Drop Off:** Sunday, June 9th  
between 3:00 and 4:00 p.m.

**Pick Up:** Friday, June 14th, at 11:00 a.m.

*Parents/families are invited to the closing  
service at 10AM in Pioneer Hall.*

**Speaker:** Doug Gundlach



**Worship:** Reach the Masses



## COST:

PAID BY MAY 20th, 2024: \$250.00

PAID AFTER MAY 20th, 2024: \$275.00

Register through your church and get  
early bird discount through May 31st

PAID AFTER JUNE 5th, 2024: \$310.00

## OTHER IMPORTANT INFO

**DRESS CODE** Check out [www.whitehallcamp.org/w-pa-youth-camp](http://www.whitehallcamp.org/w-pa-youth-camp) for more info

Our desire at Whitehall Camp is to honor God in all that we do, including the way we dress and how we present ourselves. Therefore, we have a dress code that encourages modesty. If the dress code is not followed campers will be asked to change and if the dress code is repeatedly ignored, campers will be asked to leave.

### PACKING ESSENTIALS/NON ESSENTIALS

Check out [www.whitehallcamp.org/w-pa-youth-camp](http://www.whitehallcamp.org/w-pa-youth-camp) for a comprehensive packing list

**CELL PHONE POLICY** Check out [www.whitehallcamp.org/w-pa-youth-camp](http://www.whitehallcamp.org/w-pa-youth-camp) for more info  
While we strongly discourage bringing cell phones to camp, we understand there are special circumstances that arise which require campers to have them. To effectively navigate integration of cell phone technology into the ministry at camp, we have instituted the following policy.

**At registration, all campers (3rd-12th grade) must turn their cell phones in. Cell phones will be kept in a safe, locked room and will be distributed accordingly.**

**Senior High Camp (9-12 Grade):** Campers will have use of their cell phones 45 minutes prior to bed

**Junior High Camp (6-8 Grade):** Campers will have use of their cell phones 30 minutes prior to bed.

**Elementary Camp (3-5 Grade):** Campers will have use of their cell phones 15 minutes prior to bed.

Whitehall Camp and Conference  
Center  
580 Whitehall Road  
Emlenton, PA 16373

If you have any questions or need more  
information, please contact Ashley Trimmer  
(724) 867-6861 or [trim.whitehallcamp@gmail.com](mailto:trim.whitehallcamp@gmail.com)



# TRACKS

(Jr/Sr High Only)

**Interest Tracks:** Worship/  
Drama, Leadership/Service,  
Sports/Games, Adventure,  
Tactile Arts

Our interest tracks will focus on areas that individual campers have an interest. Campers will select one interest group when they register for camp and then spend part of each day focused on that activity. Activities will vary by camp. For descriptions of activities specific to your camp visit website, [www.whitehallcamp.org/w-pa-youth-camp](http://www.whitehallcamp.org/w-pa-youth-camp).

# SPIRIT DAYS

(Participation = Family Group Points)

**Sunday: Sombroero Sunday**

Kick off a great week of camp by wearing a crazy hat!



**Monday: Meme Monday**

Take this day as an opportunity to dress as your favorite meme!



**Tuesday: Team Up Tuesday**

Do you have a favorite sports team? If you do, today is the day to wear your jersey and represent!



**Wednesday: Well-dressed Wednesday**

Bring your Sunday best to wear on well-dressed Wednesday!



**Thursday: Thrifted Thursday (Jr/Sr High)**

If you love to go thrifting, today is your day to shine! Wear your most thrifted outfit and get your team some family points!



**Thursday: Theme Thursday (Elementary)**

Celebrate the end of camp by wearing the theme we have focused on all week. Put on your new camp shirt and have all your friends sign it!



**Friday (Jr/Sr High): Photo Friday**

Now that we all have a camp shirt to remember this year at camp, put it on and take a photo with your friends!



# JUNIOR HIGH CAMP

(6th-8th Grade) June 16-21, 2024

APPROPRIATE CAMP DETERMINED BY GRADE JUST COMPLETED

**Drop Off:** Sunday, June 16th

between 3:00 and 4:00 p.m.

**Pick Up:** Friday, June 21st, at 11:00 a.m.

Parents/families are invited to the closing service at 10AM in Pioneer Hall.

**Speaker:**



Jon Spencer

**Worship:**



TBA

**COST:**

PAID BY MAY 20th, 2024: \$250.00

PAID AFTER MAY 20th, 2024: \$275.00

Register through your church and get early bird discount through May 31st

PAID AFTER JUNE 12th, 2024: \$310.00



# ELEMENTARY CAMP

(3rd-5th Grade) June 23-27, 2024

APPROPRIATE CAMP DETERMINED BY GRADE JUST COMPLETED

**Drop Off:** Sunday, June 23rd  
between 3:00 and 4:00 p.m.

**Pick Up:** Thursday, June 27th at 11:00 a.m.

*Parents/families are invited to the  
closing service at 10AM in Pioneer Hall.*

Amber Alworth

Speaker:



Whitehall Band

Worship:



## COST:

PAID BY MAY 20th, 2024: \$210.00

PAID AFTER MAY 20th, 2024: \$235.00

**Register through your church and get  
early bird discount through May 31st**

PAID AFTER JUNE 19th, 2024: \$270.00

# DISCOVERY DAYS DAY CAMP

For ages 6-12

August 5-9, 2024

## COST:

PAID BY JULY 15TH, 2024: \$110.00

PAID AFTER JULY 15TH, 2024: \$120.00

PAID AFTER July 31ST, 2024: \$150.00

OPTIONAL OVERNIGHT THURSDAY: \$25.00

*\*\*overnight for ages 8+ only\*\**

At Discovery Day Camp we will be taking a hands on look at God's creation through a variety of lessons, activities, and adventures. It will be a week you do NOT want to miss. Don't forget to invite your friends!! Here are some of the great activities included:

- Nature Activities • Sports • Crafts • Canoeing •
- Team Building • Fishing • Zip Lining • Hiking •

**Drop Off:** Monday-Friday 9:00 a.m.

**Pick Up:** Monday-Friday 4:00 p.m.

**Campers are to be picked up and dropped  
off at Missionary Cottage.**

Parents/Family are invited to attend a closing  
program Friday at 3PM in Pioneer Hall.



Check out [www.whitehallcamp.org/day-camps](http://www.whitehallcamp.org/day-camps) for more info  
ONLINE REGISTRATION AVAILABLE

# 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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Address: \_\_\_\_\_  
 Gender: M F City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Church Name: \_\_\_\_\_  
 Roommate Preference: \_\_\_\_\_

**Camp Attending:** (please check appropriate box) Jr/Sr High: select one interest track  
 Elementary Camp     Worship/Drama     Sports/Games  
 Jr. High Camp     Adventure     Tactile Arts  
 Sr. High Camp     Leadership/Service

**Dietary Restrictions:** During meal times we can cook to cater to gluten free, vegan, vegetarian, and lactose free diets (Please note: we cannot guarantee cross contamination does not happen). If your camper has these special dietary needs, and you would like for the staff to cook to meet their needs, please let us know. There is a \$30 surcharge for special meals, or you are welcome to send your camper with all the supplemental food they need for the week. A refrigerator and microwave are available to your camper to store and prepare their food.

My camper has special dietary needs, but will supplement their own food.  
 My camper has special dietary needs and I would like the kitchen staff to supplement their meals. (\$30.00)

Circle:     Gluten Free     Vegan     Vegetarian     Lactose Free  
 T-shirt Size: (Circle one) Must register by May 31st to be guaranteed size  
 Adults Sizes: S M L XL XXL    Youth Sizes: S M L XL

**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

**SEE REVERSE SIDE TO SIGN MEDIA AND ACTIVITY RELEASE FORM!  
 ALSO, PLEASE FILL OUT & SEND IN INCLUDED HEALTH FORM!**

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent Dose
Diphtheria, tetanus, pertussis *						
Tetanus booster *						
Mumps, measles, rubella *						
Polio *						
Heamophilus influenzae type B						
Pneumoccal						
Hepatitis B						
Hepatitis A						
Varicella						
Had chicken pox						
Meningococcal meningitis						

Tuberculosis (TB) test    Date: \_\_\_\_\_     Negative     Positive

**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

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

**Medication:**  This camper will not take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Medication must be in original container with pharmacy label with directions of dosage and time of administration on packaging/containers. Provide enough of**

Name of medication	Date started	Reason for taking RX	When it is given	Amount or dose given	How it is given

**Allergies:**

- To foods (list): \_\_\_\_\_
- To medications (list): \_\_\_\_\_
- To the environment (insects stings, hay fever, etc. list): \_\_\_\_\_
- Other allergies (list): \_\_\_\_\_

**What have we forgotten to ask? Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.**

# HEALTH FORM

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

## Select Camp(s)

- 3rd-5th Grade Youth Camp
- 6th-8th Grade Youth Camp
- 9th-12th Grade Youth Camp
- Discovery Day Camp

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Work address \_\_\_\_\_ Phone \_\_\_\_\_

Second parent/guardian/emergency contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Insurance Information

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I (camper) also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

(OVER)

**Payment by Credit Card**

Visa  MasterCard  Discover

Account # \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Amount \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_

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 \_\_\_\_\_