

Registration Form:

Name: _____ Age: _____ Grade: _____

Address: _____ Gender: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name: _____

Home Phone: _____ Parent Cell Phone: _____

Church Name: _____ Pastor: _____

Roommate Preference: _____

Retreat Attending: (please check appropriate box)

Jr/Sr High 3rd - 6th Grade

Payment Section:

Amount Church is Paying: \$ _____

Total Amount Enclosed: \$ _____

Mail Registration Form, Payment, and Health Form (Required for 2017) 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)

ONLINE REGISTRATIONS NOW AVAILABLE @ www.whitehallcamp.org

SEE REVERSE SIDE TO SIGN MEDIA AND ACTIVITY RELEASE FORM!

Payment by Credit Card

Visa MasterCard Discover

Account # _____

Name on Card _____

Expiration Date _____ Amount \$ _____

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, 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 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

****Note** Health forms are required once every calendar year
www.whitehallcamp.org**

HEALTH FORM

Select Camp(s):

- Girls Only Retreat
- Winter Blast Jr/Sr. High
- Winter Blast 3rd-6th
- Elem. Youth Camp
- Jr. High Youth Camp
- Sr. High Youth Camp
- Day Camp

Name _____ Gender: _____

Birth date _____ Age at camp _____

Home address _____

Custodial parent/guardian _____

Phone _____

Work address _____ Phone _____

Second parent/guardian/emergency contact _____

Address _____ Phone _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____

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)

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent Dose
Diphtheria, tetanus, pertussis ★						
Tetanus booster ★						
Mumps, measles, rubella ★						
Polio ★						
Haemophilus influenzae type B						
Pneumococcal						
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	Date started	Reason for taking	When it is given	Amount or	How it is given

Allergies: No known 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.