

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. *Appropriate camp is determined by grade just completed.

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
 City: _____ State: _____ ZIP: _____
 Parent/Guardian Name: _____
 Home Phone: _____ Parent Cell Phone: _____
 Email: _____
 Church Name: _____ Pastor: _____
 Roommate Preference: _____

Camp Attending: (please check appropriate box)

- 3-6 Grade Winter Blast
- 7-12 Grade Winter Blast

Appropriate camp is determined by grade just completed.

ONLINE REGISTRATIONS ARE AVAILABLE @ www.whitehallcamp.org

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 # _____ Security Code _____

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

SEE REVERSE SIDE TO SIGN MEDIA AND ACTIVITY RELEASE FORM!

REVIEW WCCC'S COVID RESPONSE HEALTH PLAN BEFORE REGISTERING!

ALSO, PLEASE FILL OUT & SEND IN INCLUDED HEALTH FORM!

2021

HEALTH FORM

Select Camp(s):

- 3-6 Winter Blast
- 7-12 Winter Blast

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 _____

Insurance Information

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

If so, indicate carrier or plan name _____

Group # _____ Subscriber _____

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.

I have read and understand the COVID-19 Health Plan. I understand the risks to my camper's health and understand Whitehall Camp is not to be held liable.

Initials _____ Date _____

In case of illness or symptoms deemed worrisome by the Whitehall Camp Nurse, I understand and agree to immediately pick my child up from camp at WCCC's direction. Initials _____ Date _____

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: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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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.