



Winterfest 2012 Registration

Camper Registration Form

For campers: 7th grade - HS Seniors; Post-High

Registration runs Friday from 7-8pm; Camp ends at 1:30pm on Sunday.

Mail to: Mike Hand - Keystone Conf. YMT - 713 Cricklewood Dr. - State College, PA 16803

Please make checks payable to "Keystone Conference." A non-refundable registration fee of \$30 and this completed form are due by Feb 2, 2012 (\$80 total cost). All registrations postmarked after February 2nd, 2012 are subject to a \$25 late fee (\$105 total cost). Balance of registration is due upon arrival.

Camper Information

Camper's Name _____

Home Address _____

City _____ State _____ Zip _____ Age _____ Birthdate (mm/dd/yy) _____ / _____ / _____

Gender Male Female Current Grade 7th 8th 9th 10th 11th 12th Post-High

Cabin Request (not a guaranteed)

Friend's Name _____

Alternate Name _____

Parent Information

Father's Name _____

Mother's Name _____

This camper lives with

Both Parents Father Mother Legal Guardian (name) _____
 Other (please explain) _____

Home Phone

--	--	--	--	--	--	--	--	--	--

Email Address: _____

Father's Cell Phone

--	--	--	--	--	--	--	--	--	--

Father's Work Phone

--	--	--	--	--	--	--	--	--	--

Mother's Cell Phone

--	--	--	--	--	--	--	--	--	--

Mother's Work Phone

--	--	--	--	--	--	--	--	--	--

Group Information

This camper is registering: as an individual with a church group

Church Name _____ Group Leader's Name _____

Senior Pastor _____ Church Phone (_____) _____

Emergency Information

Medical Insurance – please provide a copy (BOTH front and back) of insurance card to avoid possible denial of medical treatment.

Name of Family Physician _____ Phone (_____) _____

Do you carry family medical / hospital insurance? Yes No Name of Policy Holder: _____

Camper Social Security Number (for medical purposes)

--	--	--	--

--	--	--	--

--	--	--	--	--	--

Secondary Emergency Contact

In the case of an emergency, Keystone YMT will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary contact person whom we can call.

Name _____ Day Phone (_____) _____

Relationship _____ Evening Phone (_____) _____

Medical Information

Please check Yes or No for each question. If yes is checked, please give approximate dates of occurrences and indicate whether mild or severe.

Medical Conditions

- Yes No
 Does this camper have asthma?

- Has this camper ever had convulsions?

- Does this camper have diabetes?

- Does this camper have any heart conditions?

- Does this camper have any other medical conditions we should know about?

Limitations

- Yes No
 Does this camper have physical limitations?

- Are there any activities from which this camper should be restricted?

Other Details

- Yes No
 Are immunizations current for this camper?
- Is the camper current on the tetanus shot?
If yes, please write date:

Medications – all medications will be turned in upon arrival.

- Yes No
 Does this camper take any prescriptions?
If yes, please list:

- Is this camper allergic to any medications?
If yes, please list:

- Does this camper have any other medical conditions we should know about?

Allergies

- Yes No
 Does this camper have any food allergies?
If yes, please list:

- Does this camper have other allergies (food animals, insects, etc)?
If yes, please list:

Misc.

- Yes No
 Is there anything else we should be aware of?
If yes, please list:

The local hospital requires a copy of insurance card and notarization of the parent/guardian signature granting permission for medical treatment.

Release

As the parent or legal guardian of the Camper, I am fully aware that camping activities involve risk and are sometimes stressful and physically demanding and that the Keystone Conference Youth Staff will use all safety precautions to insure the well being of the Camper. Yet I am aware that even with the best of safety standards, incidents may happen which are beyond the control of the staff and knowing these things, **I assume any risk involved, release, and Hold Harmless** the Keystone Conference (Free Methodist Church N.A.) and Cherry Run Camping Association from any liability due to accident. With my signature and certified notary seal, I authorize treatment including medicines, anesthesia, or any other medical procedures deemed necessary by hospital staff / medical professionals and the Keystone Conference YMT or designee and agree to release and indemnify Keystone Conference (FMCNA) against all liability and costs for treatment.

X

Signature of Parent or Legal Guardian	Print Name	Date
---------------------------------------	------------	------

X

Signature of Camper	Print Name	Date
---------------------	------------	------

- I give consent for the Keystone Conference to use photographs or videos taken of me for publication and/or advertising.
- I DO NOT give consent for the Keystone Conference to use photographs or videos taken of me for publication and/or advertising.

Subscribed and sworn before me on this _____

day of _____, 2012.

(Seal)

My commission expires _____.

Winterfest Code of Conduct

I will endeavor to present myself as an excellent representative of my home, church, and camper group in attitude and behavior.

I will treat others the way I would like to be treated - with respect - and will work things out in honoring ways if there is a disagreement. We will seek Godly counsel and cabin leaders as soon as needed.

I will attend and participate in all activities that are scheduled at Winterfest.

I will not use tobacco products, alcohol, or drugs or bring any thing that could potentially harm myself or someone else. *If I struggle with an addiction I will talk to someone about it knowing that they have my best interest at heart.* If I do the staff will take any necessary actions to resolve the situation.

I will not bring radios, cell phones, CD or mp3 devices, tape players, portable TV's or video games, or other electronic devices (hand held gaming stuff) *because my interest in them may cause me to miss out on experiences that could change my life.* I understand that if I bring any of these items I need to turn them in at registration and will get them back at the end of camp.

I will be responsible for my belongings and treat other's belongings with care. If I should damage any camp property, I will talk with the Winterfest staff and make repairs and/or see that the camp is properly compensated for the damages if necessary.

I will wear appropriate attire for all activities at camp keeping in mind the type of activities and the people we are with. **If** asked to change or to put something over inappropriate attire, I will do so respectfully.

***Please note that we are not the fashion police and don't wish to be bringing up this issue constantly throughout the weekend. Be aware that what you wear can have a negative influence.*

I will be respectful of other campers and refrain from participating in pranks knowing that each camper has a unique person history and something I do could negatively impact someone and cause him/her to miss out on possible life-changing experiences.

If the Winterfest staff finds my actions are NOT acceptable at the retreat, I, and one of the staff, will place a call to my parents or guardian and they will provide transportation for my return home.

When leaving at the conclusion of camp, I will contact the designated staff person as a courtesy check out and for the safety of everyone.

Signature of camper _____

Date: _____

Signature of Parent/guardian _____

Date: _____

Winterfest Packing List

DO BRING:

- Registration (if not already mailed in)
- Signed Code of Conduct
- Bible
- Notebook
- Warm clothes (you'll be outside walking between places)
- Shoes / Boots
- Bathroom supplies (towel, soap, toothbrush, etc.)
- Bedding (pillow, sleeping bag)
- Camera
- Snacks
- Extra spending money (for snacks)
- Games (for free time)
- Sports equipment (football, basketball tournament, etc.)
- **Medications (see below)

DO NOT BRING:

- Music Players (mp3 players, iPods, etc...)
- Handheld game systems (DS, PSP, etc..)
- Other electronic devices (cell phones will be permitted during certain times)
- Drugs, tobacco, alcohol

**If you are medications you need to bring them in a zip-lock bag with your name on it. At registration you will give your medications to the camp nurse who will make sure that you get them at the proper times. DO NOT keep them to yourself so that our nurse knows what you are taking in case of a medical emergency and to help you remember to take them at the right time.

Have a question about a certain item? Email us at: staff@yaonline.com.