



YAC 2012 CAMPER PACKET INCLUDES:

- Registration Form – Needs completed, signed **with Notary**, and includes a copy of insurance card
- Code of Conduct – Signed by both parties and dated
- Packing List



# YAC 2012 Registration

## Camper Registration Form

For campers: finishing 6<sup>th</sup> grade - graduating HS Seniors

Registration runs Monday from 12-2pm; Camp ends at 1:30pm on Saturday.

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 \$35 and this completed form are due by June 1, 2012 (\$250 total cost). All registrations postmarked after June 1, 2012 are subject to a \$25 late fee (\$275 total cost). Walk-in registration is \$300. Balance of registration is due upon arrival. The CODE OF CONDUCT form must also be completed by registration (mail in with this form or complete on site).

### Camper Information

Camper's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City _____	State _____	Zip _____	Age _____	Birthdate (mm/dd/yy) / /
Gender <input type="radio"/> Male <input type="radio"/> Female	Grade Completed / Finishing <input type="radio"/> 6th <input type="radio"/> 7th <input type="radio"/> 8th			T-shirt size (guaranteed w/ early registration) <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> XXL
<b>Cabin-Mate Request (not guaranteed)</b>	<input type="radio"/> 9th	<input type="radio"/> 10th	<input type="radio"/> 11th	<input type="radio"/> 12th
Friend's Name _____	<input type="radio"/> Other _____			

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

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

Father's Cell Phone

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Father's Work Phone

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

Mother's Cell Phone

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

Mother's Work Phone

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### 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 (not provider): \_\_\_\_\_

Camper Social Security Number  
(for medical purposes)

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### 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 (use back of form if more room is needed).

**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 if you can remember:  
 \_\_\_\_\_

**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 (i.e. back problems, etc)?  
 If yes, please list:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 Penn York 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
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**X**

Signature of Camper	Print Name	Date
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- 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 \_\_\_\_\_.

## YAC 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 attend and participate in all activities that are scheduled at YAC.

I will not use tobacco products, alcohol, or drugs or bring any thing that could potentially harm me 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 my cell phone, mp3 devices, portable TV's, video games, kindles, other tablets, or any other electronic devices *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.

***PARENTS:** You may contact your child through the camp phone: (814) 848-9811 only during free-time hours as necessary. Please do not call daily! If you have a question about this policy, please call us and ask.*

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 YAC 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. I will make sure my clothing keeps me covered at all times and will wear shorts that are appropriate length (finger-tip is great – leggings under shorts don't make them longer!), and tops that are appropriate for our activities (no spaghetti-straps!). **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 week. Be aware that what you wear can have a negative influence on someone.*

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

**If the YAC staff finds my actions are NOT acceptable at camp, I will place a collect 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: \_\_\_\_\_

# YAC

## *Packing List*

### DO BRING:

- Registration forms (if not already mailed in)
- Signed Code of Conduct
- Bible
- Notebook and pen/pencil
- Clothes (bring for day-time, night-time and extras in case you get wet)
- Coat (jackets, raincoat, etc.)
- Shoes (couple pair in case they get wet, bring sneakers as well if you plan to bring toe-shoes!)
- Hiking boots (for rock climbing / rappelling)
- Bathroom supplies (towels, soap, washcloths, toothbrush, eye stuff, hair stuff, etc.)
- Bedding (pillow, sleeping bag, alarm clock)
- Sunscreen / Insect repellent
- Appropriate swimsuit
- Camera
- Flashlight
- Snacks
- Extra spending money (for camp store)
- Costumes for theme nights
- \*\*Medications (see below)

### DO NOT BRING:

- Clothes that do not cover you up (no bare-stomachs, shorts need to be half-way between knee and thigh, no low-cut shirts or spaghetti straps, etc.) – **IF YOU'RE NOT SURE, DON'T PACK IT!**
- Electronic devices (cell phones, mp3 players, iPods, portable game systems, etc.)
- Fireworks or weapons (pocket knives included)
- Drugs, tobacco or alcohol

*\*\*If you are medications you need to bring them in a zip-lock bag with your name on it. These medications need to be divided up according to when you take them. 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@yaconline.com](mailto:staff@yaconline.com)