

### **CAMPER PACKET INCLUDES:**

- Winterfest Basic Info Page
- Registration Form—Needs completed, signed with Notary, and a copy of insurance card included (if applicable).
- Code of Conduct—signed by students and parents with dates
- Suggested Packing List
- Medication Form—one form for each type of medication currently on

**DATES:** February 1-3, 2019

Get your stuff in the mail, with \$35 registration fee If postmarked by...

- Before Jan 11th – Remainder of cost will be \$75 (early discounted rate of \$110)
- After Jan 11th - Remainder of cost will be \$100 (regular rate \$135)

### **Theme:**

This year's theme is entitled "Fearless"

## Winterfest Registration Information Page

For campers: 6-12<sup>th</sup> Grade; Post-High (18-22)

Registration runs Friday from 7-8pm; Camp ends at 1:30 PM on Sunday (February 1-3, 2019).

Mail to: Suzy Jewell | 2689 Frew Mill Road | New Castle, PA 16101

To hold a spot...

You must send your notarized registration form and a non-refundable registration fee of \$35. Please make checks payable to "Keystone Conference".

The Code of Conduct, and a copy of Medical Insurance Card and Medication Form (if applicable) should be mailed in with notarized registration form or completed onsite.

If postmarked...

- by Jan 11th – Remainder of cost is \$75 (early rate \$110)
- After Jan 11th – Remainder of cost is \$100 (regular rate \$135)

All Registrations not mailed by January 21st should be carried in with the regular rate of \$135.

# Winterfest 2019 Registration

## Camper Registration Form

For campers: 6<sup>th</sup> – 12<sup>th</sup> Grade; Post-High (18-22)

Registration runs Friday from 7-8pm; Camp ends at 1:30pm on Sunday (February 1st-3rd).

Mail to: Suzy Jewell | 2689 Frew Mill Road | New Castle, PA 16101

Please make checks payable to "Keystone Conference." A **non-refundable registration fee of \$35** and this completed form need **postmarked by Jan. 11** (Total cost is **\$135**). All registrations after January 11 are regular rate (\$135 total cost). Don't mail registrations after Jan 21st, please bring them to camp with you (regular rate of \$135 applies). Balance of registration is due upon arrival. The CODE OF CONDUCT, and a copy of MEDICAL INSURANCE CARD and MEDICATION FORM (if applicable) must also be completed by registration (mail in with this form or complete on-site).

### CAMPER INFORMATION

Camper's Name

Age

Birthdate (mm/dd/yy)

Mailing Address

City

State

Zipcode

Email

Grade / Year

F / M

Sex

### **CABIN-MATE REQUEST (not guaranteed)**

Friend's Name

Alternate Friend

### PARENT / LEGAL GUARDIAN INFORMATION

Father's Name

Mother's Name

Father's Day Phone

Mother's Day Phone

Father's Evening Phone

Mother's Evening Phone

Father's Email Address

Mother's Email Address

### GROUP INFORMATION (leave blank if coming as individual)

Church Name

Youth Pastor/Leader's Name and Phone Number

Senior Pastor

Church Phone

### EMERGENCY INFORMATION

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

Family Physician

Phone

Do you carry family medical / hospital insurance?  YES  NO

Name of Policy Holder (not provider)

### **SECONDARY EMERGENCY CONTACT**

In the case of an emergency, Keystone YMT will contact the parent or legal guardian immediately. If unable to reach them, please list a

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

Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Please check Yes or No for each question as it relates to the camper.

If yes is checked, please give approximate dates of occurrences and indicate whether mild or severe.

Asthma	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Convulsions	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Diabetes	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Heart conditions	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Physical limitations	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Tetanus shot (please list date)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Are immunizations current?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Currently taking prescription medication?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	(If yes, separate medication form needs completed)
Allergic reactions (medical, food, insects, etc)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
Anything else we should be aware of?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____
List Food restrictions and/or Preferences	(Vegetarian, Vegan, etc.)				
	_____				
	_____				
	_____				

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

**LIABILITY & MEDICAL RELEASE**

I, as the adult-age participant or the parent/legal guardian of the above-listed camper, am fully aware that camping activities involve risk and are sometimes stressful and physically demanding. I am aware that the Keystone Conference Youth Ministry Team and staff will use all safety precautions to insure the well-being of those participating in Keystone events but understand that even with the best of safety standards, incidents may happen which are beyond the control of the staff. Knowing these things, **I assume any risk involved, release, indemnify and hold harmless** the Keystone Conference (Free Methodist Church USA), Whitehall Camping Association, the Keystone Conference Youth Ministry Team, these organizations' respective staff and any associated personnel from any liability, claim and costs of treatment 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 Youth Ministry Team or designee.

**X**

Signature of Camper	Print Name	Date
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**X**

Signature of parent/legal guardian	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.

State of \_\_\_\_\_, County of \_\_\_\_\_.

Subscribed and sworn before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_.

## WINTERFEST Suggested Packing List



### DO BRING:

- Registration forms (if not already mailed in) & remainder of cost
- Signed Code of Conduct
- Medication Form
- Bible
- Notebook and pen/pencil
- Warm clothes (you'll be outside walking between places)
- Clothes for getting dirty! 😊
- Shoes / Boots
- Bathroom supplies (towel, soap, toothbrush, etc.)
- Bedding (pillow, sleeping bag)
- Camera
- Snacks
- Games (for free time)
- Sports equipment (football, etc.)
- \*\*Medications (see below)
- Garbage bag for all your wet and/or muddy clothes!

### DO NOT BRING:

- Clothes that do not cover you up (no bare-stomachs, no pants that hang too low, no low-cut shirts or spaghetti straps, etc.) – **IF YOU'RE NOT SURE, DON'T PACK IT!**
- Please no Yoga pants, leggings, or anything of that type!
- Electronic devices (cell phones, mp3 players, iPods, portable game systems, tablets, 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 needs to follow the guidelines on the Medication Form. 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).

# CAMPER MEDICATION FORM

We require a parent / guardian's authorization for the camp nurse or appointed designee to administer medications. Prescribed medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's PA/APRN's or dentist's name and date of original prescription. A separate form must be filled out for each prescribed medication.



## CAMPER INFORMATION

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

## OVER-THE-COUNTER (OTC) MEDICATION

I hereby authorize the nursing personnel of the Keystone Conference YMT to act on my behalf in administering the following medication(s) as

Tylenol    Ibuprofen    Advil    Benadryl    Other: \_\_\_\_\_

**All OTC medications will be administered as directed on the package**

## PRESCRIPTION MEDICATION

\_\_\_\_\_  
Condition for which drug is being administered during camp

\_\_\_\_\_  
DRUG: name, dose, and method of administration

\_\_\_\_\_  
Relevant side effects to be observed, if any

\_\_\_\_\_  
If there are side effects, plan for management

Are any other medications being taken?    YES    NO

\_\_\_\_\_  
If Yes, name of medications

## HEALTH CARE PROVIDER

\_\_\_\_\_  
Name of Health Care Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Number

### SIGNATURE / RELEASE

As parent or legal guardian of the above named camper, I hereby authorize administration of the above medication(s) to my child by the camp nurse or designee. In understand and agree that my signature on this form constitutes a waiver of liability as dictated on the camper registration form for any injuries incurred or resulting from the administration of said medication.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Camper Code of Conduct

(rev. 2019)

I understand that I am attending an event organized and run by the Keystone Conference of the Free Methodist Church USA ([fmcusa.org](http://fmcusa.org)). Keystone Conference Youth Ministries adheres to the long-standing values and standards of the Christian faith set forth by FMC USA. All of what we do will be governed herein. Please read our Statement of Faith if you have any questions (<http://fmcusa.org/uniqueyfm/doctrine/>).

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

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

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, portable TV's, video games, or 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 at: [724] 624-9220 for emergencies or as necessary. 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 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. I will make sure my clothing keeps me covered at all times and will clothing that is appropriate length, and tops that are appropriate for all activities (all clothes need to keep undergarments covered at all times). I will also make sure that I have sneakers and appropriate footwear for all activities at camp (extra shoes / boots are recommended as weather dictates). **If** asked to change or to put something over inappropriate attire by staff I will do so respectfully. (No Yoga pants, leggings, or things of that type please).

*\*\*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 on others.*

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 Winterfest staff finds my actions are NOT acceptable at camp, I 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: \_\_\_\_\_