



**CAMPER PACKET INCLUDES:**

- Registration Form – Needs completed, signed and notarized, and a copy of insurance card included (if applicable).
- Code of Conduct – signed by students and parents with dates.
- Suggested Packing List.
- Medication List – one form for each prescribed medication currently being taken.

**DATES:**

***Early-Registration: Postmarked by May 21, 2021 \$325***

***Regular Registration: Postmarked after May 22, 2021 \$360***

***THERE will be NO WALK-IN's, YOU MUST CONTACT US BEFOREHAND!***

**THEME:**

This year's theme is titled "Rise".

# **YAC Registration Information Page**

- ***For campers: 7<sup>th</sup> – 12<sup>th</sup> Grade (Just finished 6<sup>th</sup> grade through 2021 Graduates.)***
- ***Registration runs from 12:30-2pm on Monday; Camp ends at 1:30pm on Saturday. (June 21<sup>st</sup>-26<sup>th</sup> 2021).***
  - ***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 sent in to hold your place.***
- ***The CODE OF CONDUCT, and a copy of MEDICAL INSURANCE CARD and MEDICATION FORM must also be completed by registration.***
  - ***(Mail in with this form or complete on-site).***
- ***Remainder of \$290 (regular rate) due at any time before or at Registration the day YAC starts.***
- ***Total Cost is \$325.***
  - ***All registrations not mailed by May 21<sup>st</sup> will be subject to the full Rate Cost of \$360.00***
- ***Take time to read the Values and Expectations Page***

## Our Values and Expectations



April, 2021

### **Hello!**

We are excited that you / your student is considering joining us and this summer at YAC (Youth Adventure Camp) 2021.

*We want you to know that as you consider joining our week of camp a few things you can expect from us.*

*All of these items are based in our Core Values based in the Holy Bible and affirmed by our association with the Free Methodist Church USA ( [fmcusa.org](http://fmcusa.org) )*

- We will do our best to make a great and safe camp experience.
- We will be taking steps for keeping the areas clean and have hand sanitizer available various places.
- We will have masks available if you do not have one.
- You need to know that some of our events make us be in close contact.
- You will be with other staff and campers choosing to be an 'intentional community' for the week.
- We believe you were created with care by God that choose to do so. You are NOT an accident.
- You will be valued as a person created for a purpose and you are a thinking person.
- You will be respected as such. Even if you disagree you can safely share your thoughts.

*We expect you to also respect the values that govern us as an organization and people that have the responsibility to oversee the camp.*

- We expect that you will respect the staff and other campers as people uniquely created as well.
- We ask that because of the values we hold to based in the Holy Bible that when you fill out your registration form in the area of cabin housing that the gender selected is the one with which you were created and born.
- We ask that you honor the Code of Conduct that you will need to sign before YAC starts.

Thank you for reading. You are loved by Jesus and us!

# YAC 2021 Registration

## Camper Registration Form

For campers finishing 6th grade - graduating HS seniors



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

**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 May 21st for early-bird pricing - \$325 total cost. Registrations postmarked by May 21st. All walk-ins and registrations postmarked after May 22nd are \$360 total. Balance of registration is due upon arrival. The **CODE OF CONDUCT**, 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).

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Camper's Name	Age	Birthdate (mm/dd/yy)
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Mailing Address

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City	State	Zip code
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Email	Grade / Year	F / M Biological Gender	T-Shirt Size <small>(Not guaranteed with late registration)</small>
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### **CABIN-MATE REQUEST (not guaranteed)**

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Friend's Name	Friend's Name
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### **PARENT / LEGAL GUARDIAN INFORMATION**

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Father's Name	Mother's Name
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Father's Day Phone	Mother's Day Phone
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Father's Evening Phone	Mother's Evening Phone
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Father's Email Address	Mother's Email Address
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**GROUP INFORMATION**

\_\_\_\_\_  
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 treatment.

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Physician's Phone Number

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 an alternative contact

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	YES	NO	_____
Convulsions	YES	NO	_____
Diabetes	YES	NO	_____
Heart conditions	YES	NO	_____
Physical Limitations	YES	NO	_____
Tentanus Shot (please list date)	YES	NO	_____
Are immunizations current?	YES	NO	_____
Currently taking prescription medication?	YES	NO	_____
Allergic reactions (medical, food, insect, etc.)	YES	NO	_____
Anything else we should be aware of? (Use back of sheet if necessary)	YES	NO	_____

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



# 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

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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)

Tylenol

Ibuprofen

Advil

Benadryl

Other: \_\_\_\_\_

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

## PRESCRIPTION MEDICATION

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Condition for which drug is being administered during camp

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DRUG: name, dose, and method of administration

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Relevant side effects to be observed, if any

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If there are side effects, plan for management

Are any other medications being taken?

YES

NO

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If Yes, name of medications

## HEALTH CARE PROVIDER

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Name of Health Care Provider

Phone

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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. I 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

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Signature

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Date

# Code of Conduct



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

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: [814] 848-9811 (Penn York Camp) for emergencies. If you have a question about this policy, please call us at: [724] 624-9220 (YAC Number - rings to a Y. M. T. person).*

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 Keystone 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 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.

*\*\*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 others.*

I have read the Values and Expectations page and understand what it is saying and asking. By signing I agree to these as an intentional community for the time we are together for YAC 2021.

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 any staff finds my actions are NOT acceptable at camp, I and the YMT 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.

*NOTE: We are resolute about the above expectations. If you do not agree, this may not be the camp for you.*

_____ Signature of Camper	_____ Date
_____ Signature of Parent / Guardian	_____ Date



# YAC Suggested Packing List



## DO BRING:

- Registration forms (if not already mailed in) & remainder of cost
- Signed Code of Conduct form
- Medication form(s)
- Bible
- Notebook and pen/pencil
- Clothes (bring for day-time, night-time and extras in case you get wet. If you bring tight clothes also bring other looser fitting clothes to wear over your tight clothes.)
- Coat (jackets, raincoat, etc.)
- Shoes (couple of pair in case they get wet, bring sneakers - No vibrams allowed on events) Boots (if prefer for rock climbing, repelling, hiking)
- Bathroom supplies (towel, soap, toothbrush, etc.)
- Bedding (pillow, sleeping bag)
- Sunscreen / Insect repellent
- Appropriate swimwear
- 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 (no bare-stomachs, shorts need to be half-way between knee and thigh, no low-cut shirts or spaghetti straps, no tight clothes, etc.) - **IF YOU'RE NOT SURE, DON'T PACK IT!** Electronic devices (cell phones, mp3 players, iPods, portable game systems, tablets, etc.), Fireworks or weapons (Pocket knives included) Drugs, tobacco, vaping devices, or alcohol products.

*\*\*If you are medications you need to bring them in a zip-lock bag with your name on it. These medications need to remain in original bottles to ensure proper administration. 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.*