

## Online Camper Packet Includes:

- Liability and Medical Release 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.
- Medication List – one form for each prescribed medication currently being taken.
- Suggested Packing List.



## Dates:

### **Early Registration Deadline**

*Postmarked by **May 2, 2024***

**\$343**

*(\$335 + \$8 to cover online processing fees)*

### **Regular Registration:**

**\$378**

*(\$370 + \$8 to cover online processing fees)*

*\*\* This charge will show up on your credit card statements as either "Keystone Conference YM" or "New Creation Free Methodist Church". The New Creation Church has graciously agreed to help the camp with online payment processing.*

## THEME:

This year's theme is titled "Solace".

# **YAC Registration Information Page**

- **For campers: 7<sup>th</sup> – 12<sup>th</sup> Grade (Just finished 6<sup>th</sup> grade through 2024 Graduates)**
- **Start & End Times (June 17-22, 2024)**
  - **Check-in runs from 12:30-2pm on Monday**
  - **Camp ends at 1:30pm on Saturday.**
- **Your registration is not complete until we have these elements:**
  - **Signed CODE OF CONDUCT form**
  - **Copy of the MEDICAL INSURANCE CARD and**
  - **MEDICATION FORM**
  - **Signed and notarized Liability and Medical Release**
  - *If you want to mail your forms, mail them by June 7<sup>th</sup> to:  
Keystone Conference, c/o Suzy Jewell, 2689 Frew Mill Road,  
New Castle, PA 16101*
- **Remainder of your registration cost due at any time before or at Check-In the day YAC starts.**
  - *If you already paid in full, you're good.*
  - *If you did not pay the full amount online, you have two (2) options*
    - *Pay the rest online via the link in your email.*
      - *Your balance should be listed in your email.*
    - *If you mail or bring check or cash to check-in, you will not have to pay more of the online processing fee:*
      - *Please make Checks payable to... "Keystone Conference" and if you mail them, mail them to before June 7<sup>th</sup>:*  
*Keystone Conference, c/o Suzy Jewell, 2689 Frew Mill Road,  
New Castle, PA 16101*
- **Take time to read the Values and Expectations Page**

# Our Values and Expectations



## Hello!

We are excited that you / your student is considering joining us and this summer at YAC (Youth Adventure Camp) 2024.

*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.
- Any electronics (Not including stand-alone camera) will be turned in at check-in, secured in a lock box, and will be returned to you after camp.

*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 sex marked on your form 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 2024 Registration

## Camper Registration Form

For campers finishing 6th grade - graduating HS seniors

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

If you wish to mail in these forms instead of bringing them to check-in, mail them before June 7<sup>th</sup> to: **Keystone Conference, c/o Suzy Jewell | 2689 Frew Mill Road | New Castle, PA 16101**



Balance of registration is due upon arrival. **Please make checks payable to "Keystone Conference."** The **CODE OF CONDUCT**, a copy of **MEDICAL INSURANCE CARD** and **MEDICATION FORM** (if applicable) and **LIABILITY AND MEDICAL** RELEASE must also be completed by check-in (mail in with this for).

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Camper's Name

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Age

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Birthdate (mm/dd/yy)

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

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Family Physician

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Physician's Phone Number

Do you carry family medical / hospital insurance?  
YES NO

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Name of Policy Holder (not provider)

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

***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), Penn York Camp, 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

X

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and Sworn before me on this day: \_\_\_\_\_

of the Month: \_\_\_\_\_ in the year of: 20\_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

Notary Seal:

# 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.

For camp, please send only the amount of their medication needed for the week.



## CAMPER INFORMATION

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Name of Child

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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

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Phone

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Address

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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, drugs, weapons, 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 check-in, they will be securely stored, and I 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] 944-6151 (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 2024.

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.

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Signature of Camper

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Date

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Signature of Parent / Guardian

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Date

# YAC Suggested Packing List



## DO BRING:

- ☐ Registration forms (if not already mailed in) & remainder of cost
- ☐ Signed Code of Conduct form
- ☐ Medication(s) form and Liability and Medical Release
- ☐ 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.) These will be turned in, secured in a locked box, and returned to you at the end of camp
- ☐ 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 check-in, 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. We recommend that you bring only the amount of medication needed for the week.*