

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 January 6th, 2025

*Receive a gift!

- Early registration receives Keystone Youth Winterfest gift
- Price includes a \$35 registration fee that must accompany the registration form

Regular Registration: Postmarked on/after January 6th, 2025

\$115

• Price includes a \$35 registration fee that must accompany the registration form

Last Day to Register: Postmarked January 20th, 2025

** If registering online, an additional online processing fee is added.

If unregistered by January 20th, 2025, you must contact staff@yaconline.com

THEME:

This year's theme is titled "End the Masquerade".

Winterfest Registration Information Page



- □ Who can come?
 - For campers: $6^{th} 12^{th}$ Grade
 - Post High: 18 22 years-old
- □ **Details**:
 - Check-in starts at 7pm on Friday (January 31, 2025)
 - Camp ends at 1:30pm on Sunday (February 2, 2025)
- □ Options to register
 - By mail:
 - Mail to: Keystone Conference, c/o Suzy Jewell, 2689 Frew Mill Road, New Castle, PA 16101
 - Please make checks payable to: "KEYSTONE CONFERENCE".
 - Online:
 - Register at yaconline.com/winterfest (an additional online processing fee is included)
- □ A non-refundable registration fee of \$35 and this completed form need sent in to hold your place.
 - Remainder of \$80 due before or at Winterfest Check-in.
- ☐ The CODE OF CONDUCT, and a copy of MEDICAL INSURANCE CARD, MEDICAL & LIABILITY RELEASE, and MEDICATION FORM must also be completed by registration.
- □ 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 this winter at Winterfest 2025.

We want you to know that as you consider joining our weekend of camping 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)

- We will do our best to make a great and safe camp experience.
- 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 who are also made in the image of God
- We ask that because of the Biblical values that bring us together, and that we seek to communicate about how God made us, that you would fill out your cabin registration based on your biological sex assigned at birth.
- We ask that you honor the code of conduct that you signed, again because of the Biblical values that brings us together and that we seek to communicate.

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

Winterfest 2025 Registration

Camper Registration Form

For campers 6th grade - graduating HS seniors And Post High, 18-22 years old



Check-In runs Friday from 7:00 -8:30 pm; Camp ends at 1:30pm on Sunday.

Mail to: Keystone Conference, c/o 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 January 13th for early-bird gift of Winterfest apparel. Post marked January 14th and after does not receive bonus apparel. Balance of registration is due upon arrival. The **CODE OF CONDUCT**, a copy of **MEDICAL INSURANCE CARD**, **MEDICAL & LIABILITY RELEASE FORM**, and **MEDICATION FORM** (if applicable) must also be completed by registration (mail in with this form or complete on- site).

Camper's Name		Age	Birthdate (mm/dd/yy)
Mailing Address			
City		State	Zip code
		F/M	
Email	Grade / Year	Biological Sex	
CABIN-MATE REQUEST (not guaranteed)			
Friend's Name	Friend's Name	e	
PARENT / LEGAL GUARDIAN INFORMATION			
Father's Name	Mother's	Name Mark if	deceased
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 (If applicable)		
Church Name		Group Leader's Name
Senior Pastor		Church Phone
EMERGENCY INFORMATION Medical Insurance – please provide a copy (BOT)	H front and	d back) of insurance card to avoid possible denial of treatment.
Family Physician		Physician's Phone Number
Do you carry family medical / hospital insurnace? YES NO	1	
		Name of Policy Holder (not provider)
SECONDARY EMERGENCY CONTACT		
In the case of an emergency, Keystone YMT will contact the pare	nt or legal gu	uardian 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 queston as it relates to the	ne camper.	
If yes is checked, please give approximate dates of occurr	ences and in	ndicate whether mild or severe.
Asthma	YES	NO
Convulsions	YES	NO
Diabetes	YES	NO
Heart conditions	YES	NO
Physical Limitations	YES	NO
Tetanus 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)	YFS	NO.

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 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.

Х				
Signature of Ca	mper	Print Name		Date
Χ				
•	rent/legal guardian Senior High Track)	Print Name		Date
	I give consent for the Key	stone Conference to use photograph	s or videos taken of me for publicatio	n and/or advertising.
	I DO NOT give consent fo advertising.	r the Keystone Conference to use pho	tographs or videos taken of me for pu	blication and/or
State of:	County of:		-	
Subscribed and Sw	vorn before me on this d	ay:	-	
of the Month:		in the year of: 20		
Signature of Notar	ry Public:			
My Commission Ex	xpires:			

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 the retreat, please send only the amount of their medication needed for the weekend.



CAMPER INFORMATION

Name of Child					Date of Birth
OVER-THE-COU	INTER (OTC) MEDICA	ATION			
I hereby authorize	the nursing personnel of	the Keystone Conf	erence YMT to act on n	ny behalf in administeri	ing the following medication(s)
Tylenol	Ibuprofen	Advil	Benadryl	Other:	
	All OT	C medications will	be administered as di	ected on the package	
PRESCRIPTION	N MEDICATION				
					
Condition for wh	ich drug is being admir	nistered during ca	amp		
DPLIG: name, dos	se, and method of adm	inistration			
JNOG. Hame, dos	se, and method of adm	iiiistiatioii			
Relevant side effe	ects to be observed, if	any			
f there are side e	effects, plan for manag	ement			
Are any	other medications bei	ng taken?	YES	NO	
f Yes, name of m	nedications				
HEALTH CARE	PROVIDER				
Name of Health	Care Provider				Phone
Address					Emergency Number
SIGNATURE / I	RELEASE				
child by the cam	p nurse or designee. I	understand and	agree that my signa	ture on this form co	the above medication(s) to monstitutes a waiver of liability a ation of said medication.
‹					
Signature					

Food Allergy / Dietary Form

Please inform us of any food allergies or special dietary needs for each camper.



CAMPER INFORMATION

Name of Child		Date of Birth	
Food Allergies:			
Food	Reaction	Required Action	
Food	Reaction	Required Action	
Food	Reaction	Required Action	
Food	Reaction	Required Action	
Food	Reaction	Required Action	
Specific Dietary Needs:			
Condition			
Requirements:			
Condition			
Condition Requirements:			

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 check-in and will get them back at the end of camp.

PARENTS: For emergencies, you can contact your child through: [724] 867-6861 (Whitehall Camp) OR [724] 624-9220 (Winterfest Number - rings to a YMT person). If you have a question about this policy, please call us at: [724] 624-9220 (YMT staff).

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 respecsully.

**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 Winterfest 2025.

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 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

Winterfest Suggested Packing List

U) BR	NG:
		Registration forms (if not already mailed in) & remainder of cost
		Signed Code of Conduct form
		Medication and Food Allergy / Restriction form(s)
		Bible
		Notebook and pen/pencil
		Warm Clothes (bring for day-time, night-time and extras in case you get wet or dirty. If you bring tight clothes also bring other looser fitting clothes to wear over your tight clothes.)
		Coat (jackets, raincoat, etc.) You will be outside walking around
		Shoes (couple of pair in case they get wet) Boots
		Bathroom supplies (towel, soap, toothbrush, etc.)
		Bedding (pillow, sleeping bag)
		Camera
		Flashlight
		Snacks (an evening snack is provided Friday and Saturday night)
		Extra spending money (for camp store)
		Non-electronic games for free time (Needs to be approved by staff)
		**Medications (see below)
		Garbage bags for wet and muddy clothes

DO NOT BRING:

- Clothes that do not cover you (no bare-stomachs, dragging pants, shorts need to be half-way between knee and thigh, no low-cut shirts or spaghetti straps, no tight clothes, yoga pants, 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 using 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 yourself. Our nurse needs to know 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.