

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.
- **NEW for Post-High:** Please complete the *free* PA state volunteer clearances. This does *not* mean the post-high are volunteering in any way, but since all the campers are participating in camp together, technically they are interacting with minors. If you already have clearances, please send/bring a copy of current clearances.
    - PA Criminal History: https://epatch.pa.gov/home
    - PA Child Abuse: https://www.compass.dhs.pa.gov/cwis

DATES:

Early Registration: Postmarked by January 1st, 2027 ***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 2nd, 2027 **$115**

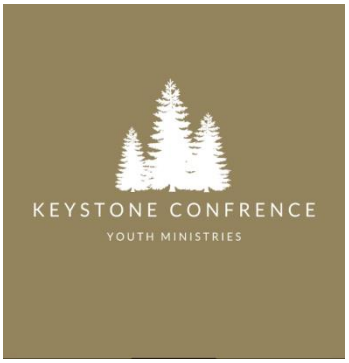
- Price includes a **$35** registration fee that must accompany the registration form

Last Day to Register: Postmarked January 15th, 2027

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

If unregistered by January 15th, 2027, you must contact staff@yaconline.com

Winterfest Registration Information Page



- ***Who can come?***
  - ***For campers: 6th – 12th Grade***
  - ***Post High: 18 – 22 years-old***
- ***Details:***
  - ***Check-in starts at 7pm on Friday (January 29, 2027)***
  - ***Camp ends at 1:30pm on Sunday (January 31, 2027)***
- ***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 2027.

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 2027 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 1st for early-bird gift of Winterfest apparel. Post marked January 2nd 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

Email | Grade / Year | F / M Biological Sex

CABIN-MATE REQUEST (not guaranteed)

Friend's Name | Friend's Name

PARENT / LEGAL GUARDIAN INFORMATION

Father's Name ☐ Mark if deceased | 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 (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 insurnace?
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 queston 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	
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)*	YES	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.

X

Signature of Camper	Print Name	Date

X

Signature of parent/legal guardian (for Junior and Senior High Track)	Print Name	Date

☐ ***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.

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-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

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. 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

Signature _____ Date _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specific Dietary Needs:

_____
Condition

Requirements:

_____
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 cell phones, speakers, 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 2027.

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

DO BRING:

- ☐ 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 (such as leggings, yoga pants, spandex-type clothes, etc.) - **IF YOU'RE NOT SURE, DON'T PACK IT!**
- Electronic devices (cell phones, 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 original bottles to ensure proper administration. These medications need to be in a zip-lock bag with your name on it. At registration, you will give your medications to the camp medication person who will make sure that you get them at the proper times. DO NOT keep them yourself. Our medications person 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.*

Have a question? Email us at staff@yaconline.com or pm us on Facebook or Instagram.