

FOR OFFICE USE

FOR OFFICE USE ONLY

Postmark Date ____ / ____ / ____ Lodging Assignment _____ <b>Payment Record:</b> \$ _____ Cash \$ _____ Pers. Ck. # _____ Balance Due \$ _____ \$ _____ Cashier's Ck. # _____ (if applicable) \$ _____ Church Ck. # _____ \$ _____ Money Order # _____	<b>Req. Form Signatures:</b> Camper _____ Parent/Guardian _____ Pastor _____  <b>Med. Form Signature(s):</b> Camper _____ (if 18 yrs. old) Parent/Guardian _____ (if under 18 yrs. old)	<b>Miscellaneous Notes:</b>    
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## PA DISTRICT, U.P.C.I. SR. CAMP REGISTRATION FORM July 14-19, 2018

A separate Registration Form and Medical Emergency Form must be completed for each applicant.

### SR. CAMP AGES:

Unmarried young people 12-18 years of age (Note: 12 year olds may register in Sr. Camp or Jr. Camp. If you already graduated from high school, you may register in Sr. Camp or Hyphen Camp. If you choose to register in Jr. Camp or Hyphen Camp, you will need to obtain the appropriate Registration Form - **DO NOT** use this form.)

### BED ASSIGNMENT:

All Sr. Campers will be assigned a bed in the designated Sr. Camp cabins/dorms only. The only exceptions that will be made are for medical conditions or disabilities that require a young person to have parental/guardian assistance.

### SR. CAMPER'S PERSONAL INFORMATION (please print):

Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Street Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION IF CAMPER IS UNDER 18 YEARS OF AGE (please print):

Mr./Mrs./Ms. \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### U.P.C.I. PASTOR'S INFORMATION (please print):

Note: If you do not attend a United Pentecostal Church, you must obtain the signature of the U.P.C.I. Sectional Presbyter where you reside.

Name \_\_\_\_\_ Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Church Location City \_\_\_\_\_ , State \_\_\_\_\_

### CHECK-IN/CHECK-OUT:

Check-in begins Sunday, July 14, 2019 at 12 noon (not before). Check-out is Friday, July 19, 2019 by 4:00 pm.

**RATES AND LENGTH OF STAY (choose one):**

I will attend Sr. Camp the entire week (Sunday night - Thursday night).

Cost if all forms and full payment are postmarked on or before June 15<sup>th</sup> - **\$160.00\***

Cost if all forms and full payment are postmarked between June 16<sup>th</sup> and July 1<sup>st</sup> - **\$175.00\***

*\*Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

*Do not mail any forms or payments after July 1<sup>st</sup> - see "MAILING INSTRUCTIONS" below for further instructions.*

I will attend Sr. Camp the following night(s):  Sun.  Mon.  Tues.  Wed.  Thurs.

Cost if all forms and full payment are postmarked on or before June 15<sup>th</sup> - **\$32.00/night\***

Cost if all forms and full payment are postmarked between June 16<sup>th</sup> and July 1<sup>st</sup> - **\$35.00/night\***

*\*Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

*Do not mail any forms or payments after July 1<sup>st</sup> - see "MAILING INSTRUCTIONS" below for further instructions.*

**MAILING INSTRUCTIONS:**

Mail your Registration Form, Medical Emergency Form, and payment in full to: Talina Lutz  
607 E. Walnut St.  
Lewistown, PA. 17044

**NO PERSONAL CHECKS** will be accepted this year - **church checks, cashier's checks, and money orders ONLY** (made payable to "PA District Camp"). Cash will be accepted if you pay at the registrar's office on the campgrounds.  
**DO NOT MAIL CASH.**

**Lodging will not be assigned until payment is made in full.** Please do not mail any forms or money after **July 1, 2019**. After July 1<sup>st</sup> you will need to bring all forms and payment to the camp registration office and you will need to pay the late registration price as shown above under "RATES AND LENGTH OF STAY."

If you have any questions or concerns, call Talina Lutz, Camp Registrar, at **(570)578-9986**. Please **DO NOT** make special request via Social Media.

**SIGNATURES:**

**Signature of Sr. Camper**

*"I have read and will abide by the camp rules and dress code. I will be obedient and cooperative at all times and I understand that if I violate the rules, the signing pastor will be contacted. I also understand that violations of campground policies may lead to an early dismissal from the campgrounds without a refund."*

Camper \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature(s) of Parent/Guardian**

*"I have advised my young person of all camp rules and his/her obligation to abide by them. I understand that if he/she violates the campground policies, he/she may be dismissed from the campgrounds without a refund."*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*"I give my young person permission to participate in any supervised off-campground activities."*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of your U.P.C.I. Pastor (or Sectional Presbyter, if you do not attend a U.P.C.I. church)**

*"I understand that if the applicant violates the campground policies, it will be brought to my attention and the applicant may be dismissed from the campgrounds without a refund."*

Pastor or Presbyter, please check one breakout session that you feel is best for your young person to attend, and sign your name under it (*choose only one*). **NOTE:** Students 12-14 years of age will automatically be placed in the Life Relationships session.

Session 1 - Chorale and Music Ministry (ages 15 and up)

Open to students who have a desire to be involved in Music Ministry. These sessions will include both training and hands-on development, as students will participate in the chorale during the evening services. These classes will be taught by qualified ministers of music, musicians, and worship leaders.

U.P.C.I. Pastor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Session 2 - Young Ministers Training (ages 15 and up)

Open to students who may be feeling the call of God to public ministry or those who would benefit from more in-depth ministry training. These classes will be taught by PA District Board members, camp speakers, and other licensed ministers.

U.P.C.I. Pastor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Session 3 - Life Sessions (ages 12 and up)

These sessions are for students who did not sign up for the Chorale and Music Ministry or Young Ministers Training sessions. These Christian living classes will be taught by youth committee members and/or other qualified instructors.

U.P.C.I. Pastor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MISCELLANEOUS INFORMATION:**

Use this area to inform us of any special requests (*another camper you would like to room with, being near a rest room, or any other special concern you may have*). We cannot guarantee that your needs/wishes will be met, but we will make every effort to accommodate you to the best of our ability.

# PA DISTRICT CAMP, U.P.C.I. MEDICAL EMERGENCY FORM

A separate Medical Emergency Form must be completed for each applicant. This form should be submitted with your Registration Form.

**CAMPER IS REGISTERED WITH:** Jr. Camp  Sr. Camp  Hyphen Camp  Family Camp

**CAMPER'S PERSONAL INFORMATION (please print):**

Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_  
Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACTS (please print):**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**CAMPER'S PHYSICIAN/DENTIST INFORMATION (please print):**

Family Physician \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**CAMPER'S INSURANCE INFORMATION (please print):**

Do you have hospitalization insurance coverage? Yes  No  If you answered yes, please list your insurance company's name and policy number: \_\_\_\_\_

**CAMPER'S HEALTH INFORMATION (please print):**

Do you have any medication allergies, other allergies, medical conditions, or disabilities that require special attention?  
Yes  No  If you answered yes, please explain: \_\_\_\_\_

**SIGNATURES:**

**Camper's Signature (if you are 18 years of age or older):**

*"I authorize a camp nurse or staff member to make emergency medical care decisions on my behalf, including medical attention at a medical facility, if I am incapable of making an informed decision myself due to injury or illness."*

Camper \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent/Guardian Signature (for newborns through 17 years of age):**

*"I authorize the providing of medical services in the event my child becomes ill or injured. I also authorize medical attention at a medical facility if deemed necessary by a camp nurse or staff member."*

Name of Parent/Guardian (please print) \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LIST MEDICATIONS ON THE NEXT PAGE FOR:**

***All Jr. Campers (6-12 years of age)***  
***All Sr. Campers (12-17 years of age)***  
***All Hyphen Campers (high school graduates through 17 years of age)***

