

FOR OFFICE USE

FOR OFFICE USE ONLY

Postmark Date ____ / ____ / ____ Lodging Assignment _____	Reg. Form Signature(s): Camper _____ Parent/Guardian _____ (if applicable) Pastor _____	Staff Position Approved:
Payment Record: \$ _____ Cash \$ _____ Pers. Ck. # _____ Balance Due \$ _____ (if applicable) \$ _____ Cashier's Ck. # _____ \$ _____ Church Ck. # _____ A/C Amt. Pd. \$ _____ (if applicable) \$ _____ Money Order # _____	Med. Form Signature(s): Camper(s) _____ (if 18 yrs. old and up) Parent/Guardian _____ (if under 18 yrs. old)	Background Check Received: Yes: _____ No: _____
		Miscellaneous Notes:

PA DISTRICT, U.P.C.I. CAMP STAFF/DISCOUNTED POSITIONS REGISTRATION FORM July 14-19, 2019

A separate Registration Form and Medical Emergency Form must be completed for each adult applicant. (Note: You DO NOT need to fill out a Family Camp Registration Form along with this one.) *****Note: If you are desiring to work with campers under the age of 18 you will be required to have a State Police Criminal Record Check and a Child Abuse History Clearance. Once you have your clearances we will need a copy for our files. The Charges for the Clearances are \$10.00 each and will be your responsibility. Forms are attached.**

CAMP STAFF AND OTHER DISCOUNTED POSITIONS (mark the category you fall under):

- PA District Board Member, Board Member spouse, Board Member child (under the age of 18)
- PA District Sunday School Director, Sunday School Director spouse, Sunday School Director child (under the age of 18)
- PA District Sunday School Secretary, Sunday School Secretary spouse, Sunday School Secretary child (under the age of 18)
- PA District Hyphen Director, Hyphen Director spouse, Hyphen Director child (under the age of 18)
- PA District Youth Committee Member, Committee Member spouse, Committee Member child (under the age of 18)
- PA District Home Missionary, Home Missionary spouse, Home Missionary child (under the age of 18)
- Other Camp Staff Position _____ (Print requested position. EXAMPLE: Jr. Camp Counselor)

I WILL BE ATTENDING THIS CAMP: Family Camp Hyphen Camp Sr. Camp Jr. Camp

PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____ / ____ / ____ Age ____
 Street Address _____ City _____ State ____ Zip Code ____
 Email _____@_____._____ Home Phone (____) _____ - _____ Mobile Phone (____) _____ - _____

CHILDREN OF DIST. BOARD, SUN. SCH. DIR./SEC., HYPHEN DIR., YOUTH COMMITTEE OR HOME MISSIONARIES:

List ALL your children (ages newborn through 17 years) - even if they are registered in Jr., Sr., or Hyphen Camp. Be sure your children who registered in those camps have completed the appropriate registration form for the camp they are enrolled in. On that registration form in the "MISCELLANEOUS INFORMATION" section, explain that your child should receive the discounted price. Disregard the rate listed and only pay the rate listed on this form under "RATES AND LENGTH OF STAY."

Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(if applicable)
 Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(if applicable)
 Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(if applicable)
 Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(if applicable)

CHILDREN OF CAMP STAFF MEMBERS:

List all children (newborn through 6 years of age) who are lodging with you. The only exception is if your 6 year old is registered in Jr. Camp (DO NOT list children who are registered Jr., Sr., or Hyphen Camp). For rate information on your children read "RATES AND LENGTH OF STAY" on page 2 of this form. Only staff members are eligible for the discount rate - not your children.

Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(if applicable)

Child _____ Male Female Date of Birth _____ Age _____
(if applicable)

Child _____ Male Female Date of Birth ____ / ____ / ____ Age _____
(if applicable)

Child _____ Male Female Date of Birth ____ / ____ / ____ Age _____
(if applicable)

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 a length of stay option:

- I will attend camp the entire week (Sunday night - Thursday night).
Below are weekly rate options. After reviewing these options, mark where you would like to stay. Lodging is assigned on a first-come, first-served basis so we cannot guarantee your request, but we will do our best to accommodate you.
- I will attend camp the following night(s): Sun. Mon. Tues. Wed. Thurs.
Below are weekly rate options. After reviewing these options, mark where you would like to stay. Lodging is assigned on a first-come, first-served basis so we cannot guarantee your request, but we will do our best to accommodate you. To pro-rate your cost, divide the price by five. Then multiply that amount by the number of nights you will be staying.

Choose your lodging preference:

- Weekly rate for all camp staff and other discounted positions if staying in a cabin, the small motel unit, or a trailer:**
\$50.00 - Please make sure all forms and full payment are postmarked on or before July 1st. These rates include meals in the dining hall (not concession stand snacks), lodging, A.C., and all camp sessions. Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.
Cabin, small motel, trailer child rates for children of Dist. Board, Sun. Sch. Dir./Sec., Hyphen Dir., Youth Com., Home Missionaries: Newborn babies under 2 years of age are **FREE** and meals in the dining hall (not concession stand snacks) are included. Children 2-17 years of age are **\$50.00** no matter which camp they are registered in. Meals in the dining hall (not concession stand snacks) are included in this price.
(NOTE: We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$50.00/week**. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.)
Cabin, small motel unit, or trailer child rates for Other Camp Staff Positions:
Newborn babies under 2 years of age are **FREE** and meals in the dining hall (not concession stand snacks) are included. Children 2-6 years of age are **\$80.00**. Meals in the dining hall (not concession stand snacks) are included in this price. If your 6 year old child chooses to attend Jr. Camp instead of staying with you in Family Camp, you will need to pay full price (**\$160.00**) for that child.
(NOTE: We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$160.00/week**. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.)

- Weekly rate for all camp staff and other discounted positions if staying in your personal R.V. or tent:**
\$50.00 - Please make sure all forms and full payment are postmarked on or before July 1st. These rates include meals in the dining hall (not concession stand snacks), lodging, A.C. (for those in R.V.'s), and all camp sessions. Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.
Each additional adult in an R.V. or tent:
\$25/person for the week whether they are staff or non-staff. Meals in the dining hall and concession stand snacks ARE NOT included in this price. Meal tickets can be purchased at the registration office (\$5.00/meal). (Note: if they are serving in a Camp Staff Position, their meals in the dining hall WILL BE included.)
Personal R.V. or tent rates for children of Dist. Board, Sun. Sch. Dir./Sec., Hyphen Dir., Youth Com., Home Missionaries: Newborn babies under 2 years of age are **FREE** and meals in the dining hall (not concession stand snacks) are included. Children 2-6 years of age are **\$10.00/child** for the week (unless your 6 year old is registered in Jr. Camp - if so, see below rate). Meals in the dining hall (not concession stand snacks) are included in this price. Children 6-17 years of age who are registered in Jr., Sr. or Hyphen Camp are **\$50.00**. Meals in the dining hall (not concession stand snacks) are included in this price.

(Personal R.V. or tent rates are continued on the next page.)

(NOTE: We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$10.00/week** for children 2-6 years of age and **\$25.00/week** for children 7-17 years of age. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.)

Personal R.V. or tent rates for children of Other Camp Staff Positions:

Newborn babies under 2 years of age are **FREE** and meals in the dining hall (not concession stand snacks) are included. Children 2-6 years of age are **\$10.00/child** for the week. Meals in the dining hall and concession stand snacks ARE NOT included in this price. Meal tickets can be purchased at the registration office (\$5.00/meal). If your 6 year old child chooses to attend Jr. Camp instead of staying with you in Family Camp, you will need to pay full price (**\$160.00**) for that child.

(NOTE: We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$10.00/week** for children 2-6 years of age and **\$25.00/week** for children 7-17 years of age. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.)

Weekly rates for for all camp staff and other discounted positions if staying in the Byers Conference Center:

Please make sure all forms and full payment are postmarked on or before July 1st. These rates include meals in the dining hall (not concession stand snacks), lodging, A.C. and all camp sessions. Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions. A \$10.00 deposit per key must be paid at check-in. The money will be returned at check-out when you return the key.

1 Person (1 staff member and 0 non-staff members) - **\$190.00**

2 People (1 staff member and 1 non-staff member) - **\$390.00**

3 People (1 staff member and 2 non-staff members) - **\$540.00**

4 People (1 staff member and 3 non-staff members) - **\$690.00**

2 People (2 staff members and 0 non-staff members) - **\$335.00**

3 People (2 staff members and 1 non-staff member) - **\$485.00**

4 People (2 staff members and 2 non-staff members) - **\$635.00**

3 People (3 staff members and 0 non-staff members) - **\$430.00**

4 People (3 staff members and 1 non-staff member) - **\$580.00**

4 People (4 staff members and 0 non-staff members) - **\$525.00**

Byers Conference Center rates for children of Dist. Board, Sun. Sch. Dir./Sec., Hyphen Dir., Youth Com., Home Missionaries:

Newborn babies under 2 years of age are **FREE** and meals in the dining hall (not concession stand snacks) are included. Children 2-6 years of age are **\$40.00/week** (unless your 6 year old is registered in Jr. Camp - if so, see below rate).

Meals in the dining hall (not concession stand snacks) are included in this price.

Children 6-17 years of age who are registered in Jr., Sr. or Hyphen Camp are **\$50.00**. Meals in the dining hall (not concession stand snacks) are included in this price.

(NOTE: We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$40.00/week**. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.)

Byers Conference Center rates for children of Other Camp Staff Positions:

Newborn babies under 2 years of age are **FREE** and meals in the dining hall (not concession stand snacks) are included. Children 2-6 years of age are **\$40.00/week** (unless your 6 year old is registered in Jr. Camp - if so, you will need to pay full price of \$160.00 for that child). Meals in the dining hall (not concession stand snacks) are included in this price.

(NOTE: We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$40.00/week**. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever been charged with, arrested for, convicted of, or pleaded no contest for any violation of law, other than for a minor traffic violation? Yes No If you answered yes, please explain: _____

Have you ever been accused of or charged with fraud, deceit, or assault and battery in any legal proceeding? Yes No If you answered yes, please explain: _____

Have you ever been treated for the use of any controlled substance or addiction to drugs or alcohol? Yes No If you answered yes, please explain: _____

Have you ever been declared incompetent or insane? Yes No If you answered yes, please explain: _____

Have you ever suffered from or been treated for mental illness? Yes No If you answered yes, please explain: _____

Have you ever been accused of or otherwise involved in an incident of child abuse?: Yes No If you answered yes, please explain: _____

Have you ever been the subject of or been involved in any investigation or examination by the PA Department of Human Services or any other social services agency? Yes No If you answered yes, please explain: _____

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 1st 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 Camper filling out this form

"I have answered all of the above questions honestly and to the best of my ability. 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 of Parent/Guardian of all children listed on this form (if applicable)

"I have advised my children of all camp rules and their obligation to abide by them. I understand that if they violate the campground policies, they may be dismissed from the campgrounds without a refund."

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."

U.P.C.I. Pastor _____ Date _____ / _____ / _____

MISCELLANEOUS INFORMATION:

Use this area to inform us of any special situations that require you to have a refrigerator, stove, shower, or air-conditioning in your cabin, etc. You should also use this area to list any notes to the camp registrar concerning lodging desires such as special cabin requests, another camper you would like to room with, special situations such as a family member who is listed on this form who cannot stay the entire week, or any other special concerns 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)

THE FOLLOWING CAMPERS MUST TURN IN ALL MEDICATIONS AT REGISTRATION AND THE CAMP NURSE WILL ADMINISTER THEM AS NEEDED:

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

LIST ALL MEDICATIONS, DOSAGES, AND TIMES MEDICINE SHOULD BE ADMINISTERED

NAME OF CAMPER TAKING THESE MEDICATIONS (please print): _____

Name of Medication	Dosage and Times To Be Taken	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials
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