

# Registration Form

**Group Registration:** If you are registering through your local church congregation, please complete and submit registration and health form either online or paper copy, with payment, to your church. We would like ONE check from your church for all campers.

**Individual Registration:** If you are registering individually, fill out registration and health form and send directly to Whitehall with check or money order made out to Whitehall Camp. Thank you!

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Nickname: \_\_\_\_\_ Address: \_\_\_\_\_

Gender: M F City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Church Name: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

**Dietary Restrictions:** During meal times we can cook to cater to gluten free, vegan, vegetarian, and lactose free diets (Please note: we cannot guarantee cross contamination does not happen). If your camper has these special dietary needs, and you would like for the staff to cook to meet their needs, please let us know. There is a \$12 surcharge for special meals, or you are welcome to send your camper with all the supplemental food they need for the week. A refrigerator and microwave are available to your camper to store and prepare their food.

My camper has special dietary needs, but will supplement their own food throughout the week

My camper has special dietary needs and I would like the kitchen staff to supplement their meals throughout the week. (\$12.00)

Circle:      Gluten Free      Vegan      Vegetarian      Lactose Free

## Payment Section:

Amount Enclosed: \$ \_\_\_\_\_

Amount Church is Paying: \$ \_\_\_\_\_

## **Mail Registration Form, Payment, and Health Form to:**

Whitehall Camp & Conference Center 580 Whitehall Rd. Emlenton, PA 16373

**SEE REVERSE SIDE TO SIGN MEDIA AND ACTIVITY RELEASE FORM!**

**ALSO, PLEASE FILL OUT & SEND IN INCLUDED HEALTH FORM!**

## Payment by Credit Card

Visa       MasterCard       Discover

Account # \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please check this box if you would like a receipt mailed to you.

## Media & Activities Release Waiver

### Media Release

I give permission for pictures and/or video to be taken of myself, or the camper listed below, and to be used for the Highlight Video and other promotional materials at Whitehall Camp & Conference Center.

Initials \_\_\_\_\_

### Adventure Activities Consent and Release

I hereby freely, knowingly, and voluntarily consent to and give permission that I, or the camper listed below can participate in Adventure Activities conducted by Whitehall Camp & Conference Center staff & volunteers. For the purpose of this waiver, "Adventure Activities" includes, but is not limited to, canoeing, hiking, archery, activities and the challenge course.

I recognize, however, that participation in Adventure Activities can be dangerous, and hereby acknowledge that my consent on behalf of myself, or the camper listed below is voluntary and informed. I also acknowledge that I, or the camper listed below, will be trained at camp to safely participate in the Adventure Activities and that the use or non-use of such training shall, under no circumstances, result in a claim against Whitehall Camp & Conference Center.

Initials \_\_\_\_\_

\_\_\_\_\_  
Camper's Name      Camper's Signature (if 18 or older)      Date

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

# HEALTH FORM

## Select Camp(s)

- 3rd-6th Grade Winter Blast  
 Jr/Sr High Winter Blast

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_

Home address \_\_\_\_\_  
 \_\_\_\_\_

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Work address \_\_\_\_\_ Phone \_\_\_\_\_

Second parent/guardian/emergency contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Insurance Information

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

In case of illness or symptoms deemed worrisome by the Whitehall Camp Nurse, I understand and agree to immediately pick my child up from camp at WCCC's direction. Initials \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian or adult camper/staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I (camper) also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent Dose
Diphtheria, tetanus, pertussis ★						
Tetanus booster ★						
Mumps, measles, rubella ★						
Polio ★						
Haemophilus influenzae type B						
Pneumococcal						
Hepatitis B						
Hepatitis A						
Varicella	Had chicken pox					
Meningococcal meningitis						

Tuberculosis (TB) test \_\_\_\_\_ Date: \_\_\_\_\_  Negative  Positive

*If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.*

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication:**  This camper will not take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Medication must be in original container with pharmacy label with directions of dosage and time of administration on packaging/containers. Provide enough of***

Name of	Date started	Reason for taking	When it is given	Amount or	How it is given

## Allergies:

- To foods (list): \_\_\_\_\_  
 To medications (list): \_\_\_\_\_  
 To the environment (insect stings, hay fever, etc. list): \_\_\_\_\_  
 Other allergies (list): \_\_\_\_\_

**What have we forgotten to ask? Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.**