

Peterkin Camp and Conference Center
A Ministry of the Episcopal Diocese of West Virginia
Intergenerational Camp Registration 2017

Please complete one form per household per camp.

_____ Mini Camp (June 11-14) _____ Family Camp (July 9-15)

Camper(s) Information: *Please complete the following information for all family members who will attend camp*

Camper 1 Name: _____ Male _____ Female
 First M.I. Last

Camper Email: _____ T-shirt size: _____

Date of Birth (MM/DD/YY): _____ Age at Camp: _____

Camper 2 Name: _____ Male _____ Female
 First M.I. Last

Camper Email: _____ T-shirt size: _____

Date of Birth (MM/DD/YY): _____ Age at Camp: _____ Grade in Fall '17: _____

Camper 3 Name: _____ Male _____ Female
 First M.I. Last

Camper Email: _____ T-shirt size: _____

Date of Birth (MM/DD/YY): _____ Age at Camp: _____ Grade in Fall '17: _____

Camper 4 Name: _____ Male _____ Female
 First M.I. Last

Camper Email: _____ T-shirt size: _____

Date of Birth (MM/DD/YY): _____ Age at Camp: _____ Grade in Fall '17: _____

Camper 5 Name: _____ Male _____ Female
 First M.I. Last

Camper Email: _____ T-shirt size: _____

Date of Birth (MM/DD/YY): _____ Age at Camp: _____ Grade in Fall '17: _____

Parent/Guardian with Legal Custody Information of Minors Attending, If Different from Above:

Name: _____ Relationship to Camper: _____

Address: _____ Home Church: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____

Parent/Guardian with Legal Custody and Family Release/Waiver

I give permission for my family's full participation in events associated with Peterkin Camp and Conference Center, including but not limited to trail hiking, the river float/canoetrip, and campfire activities. I give my permission for photographs or video footage of my family to be used by The Diocese of West Virginia and Peterkin Camp and Conference Center for promotional purposes (brochures, on diocesan websites, promotional videos, Facebook, YouTube, etc). I give my permission for my family's contact information to be included on a roster and our participation in a group photo that will be distributed to other participants. I agree to hold the Diocese of West Virginia, Peterkin Camp and Conference Center, and any associated agencies and persons harmless and waive any claims for payment for accident, injury, disability or damages to the person or property of our family members arising out of or connected with our participation in any activity related to the aforementioned activity. I accept that possession or use of banned substances at camp may result in punishment including but not limited to expulsion from camp without refund and/or notification of law enforcement.

Parent/Guardian Signature

Date

Family Name: _____

Peterkin Camp and Conference Center
A Ministry of the Episcopal Diocese of West Virginia
Intergenerational Camp Health Form

Your Name: _____ Date of Birth: _____

First Name Middle Initial Last Name Month/Day/Year

Address: _____

Street Address City State Zip Code

Phone: _____

1. Date of your most recent tetanus immunization (Month & Year): _____

2. About your nutrition status:

I have no food allergies.

I am allergic to the foods listed here. (Check the box if eating this food item triggers anaphylaxis for you.)

a. _____ Causes Anaphylaxis b. _____ Causes Anaphylaxis

I am a vegetarian of this type (By indicating that you are vegetarian, we will provide entrees that compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.)

Semi-vegetarian (no pork or beef)

Pesco vegetarian (no pork, beef or chicken)

Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)

Vegan (no beef, pork, chicken, fish, seafood, eggs or dairy)

3. Do you have a health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?

No, I am prepared to fully participate.

Yes, as explained: _____

4. Should the unforeseen occur, who would you like us to notify in an emergency?

Name of Individual: _____ Relationship to you: _____

Address: _____

Preferred Phone: _____ Alternate Phone: _____

5. Things you and your family should know about health services while you are at camp:

a. In case of an emergency, we will call the local ambulance service. It takes at least ten minutes for an ambulance to get to camp.

b. During your stay, a healthcare provider may be available to help with your emergent health needs.

c. Our camp does have an AED at camp. Our camp does not have portable oxygen at camp.

d. Adult participants manage their own and their family's medications; please bring what you anticipate needing.

e. There is a clinic, hospital, and pharmacies available to you in town. These are approximately five miles from camp.

Statement of Agreement

I have read the information both on this page and in what was sent to me as an adult or family participant for this camp program. I understand that this health information will be shared with camp staff on a "need to know" basis and that, as an adult, I retain primary responsibility for managing my health status and that of my family while at camp. I agree to inform the camp of any changes that might impact my/our participation.

Signature

Date

Family Name: _____

INTERGENERATIONAL CAMP HEALTH HISTORY FORM

Please Complete Additional Sections For Each Camper, Make Additional Copies As Needed

Your Name: _____ Date of Birth: _____
First Name Middle Initial Last Name Month/Day/Year

1. Date of your most recent tetanus immunization (Month & Year): _____

2. About your nutrition status:

- I have no food allergies.
- I am allergic to the foods listed here. (Check the box if eating this food item triggers anaphylaxis for you.)
 - a. _____ Causes Anaphylaxis b. _____ Causes Anaphylaxis
- I am a vegetarian of this type (By indicating that you are vegetarian, we will provide entrees that compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.)
 - Semi-vegetarian (no pork or beef)
 - Pesco vegetarian (no pork, beef or chicken)
 - Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)
 - Vegan (no beef, pork, chicken, fish, seafood, eggs or dairy)

3. Do you have a health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?

- No, I am prepared to fully participate.
- Yes, as explained: _____

Your Name: _____ Date of Birth: _____
First Name Middle Initial Last Name Month/Day/Year

1. Date of your most recent tetanus immunization (Month & Year): _____

2. About your nutrition status:

- I have no food allergies.
- I am allergic to the foods listed here. (Check the box if eating this food item triggers anaphylaxis for you.)
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3. Do you have a health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?

- No, I am prepared to fully participate.
- Yes, as explained: _____

Peterkin Camp and Conference Center
Registration Form

Camper Name: _____ Camp Attending: _____

The Diocese of West Virginia is devoted to sharing the experience of Peterkin.

To that end, the Diocese can provide a scholarship, upon receipt of completed camper registration form and scholarship request, to cover up to one-third of the registration cost of camp. All requests for diocesan scholarships must include the signature of your rector or priest-in-charge. The Diocese asks the camper's home congregation to provide a scholarship to cover one-third of the registration cost. The camper is asked to provide the final one-third. If this scholarship model does not fit your financial situation, please contact the diocesan office to discuss other options. Please also keep in mind that the diocese does subsidize all Peterkin campers by providing significant direct support to Peterkin's operating budget. All scholarship requests and financial issues will be handled with utmost discretion by the Diocesan Office. All inquiries should be directed to Mr. David Ramkey, Diocesan CFO at dramkey@wvdiocese.org or 304-344-3597. All requests for scholarships MUST be made prior to arriving at camp. No requests will be accepted after your child's camp starts.

If requesting a diocesan scholarship, please state why here and the specific amount requested: _____

All campers receiving scholarships must have their application signed by their priest. Due to limited funds, we ask clergy to consider the need and merit before signing this request.

Clergy Signature Date

Name of Person/Entity Responsible for Payment: _____

Address: _____

Method of payment (check all that apply): _____ Check _____ Visa or Mastercard _____ Scholarship

Checks should be made payable to Peterkin Camp and Conference Center

If using Visa or Mastercard: Name on Card: _____
Card Number: _____ Expiration: _____

Camp Fee: _____

Amount Enclosed* _____

Balance Due at Check-in: _____

2017 Camp Fees

Mini Camp
Adult \$230
Child \$160

If applicable, please list scholarship amounts and sources:

Family Camp
Adult \$425
Youth (Under 10 yrs old) \$250

IMPORTANT: There will be a \$50 charge per person per night for anyone staying at Peterkin between camps. All overnight stays between camps must be approved by Daisy McBride and/or Jordan Trumble prior to arrival.

*A minimum of a \$50 deposit **per camp** is required with each camper registration. This deposit is non-refundable in the event of cancellation. Any remaining balance, including funds from scholarships, is due when your child checks in on the first day of camp.

****Get 10% off when you submit your registrations by May 1!****

Please mail registration materials and payment to:
Peterkin Camp and Conference Center
286 Clubhouse Rd.
Romney, WV 26757