

# Peterkin Camp and Conference Center 2010 Summer Camp Registration

Please complete one form per camper per camp. Camp fees can be found on page 2.

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| <input type="checkbox"/> <b>Junior Camp</b> (June 20-26)      | <input type="checkbox"/> <b>Family Camp</b> (July 11-17)             |
| <input type="checkbox"/> <b>Senior Camp</b> (June 27-July 3)  | <input type="checkbox"/> <b>Hallelujah Hike</b> (July 17-24)         |
| <input type="checkbox"/> <b>Beginner Camp</b> (July 5-July 8) | <input type="checkbox"/> <b>Creative Arts</b> (July 18-24)           |
| <input type="checkbox"/> <b>Mini Camp</b> (July 8-July 11)    | <input type="checkbox"/> <b>Intermediate Camp</b> (July 25-August 1) |

*Mini-campers must attend with a parent*

## Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male Female

Camper Email: \_\_\_\_\_ Grade in Fall '10: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name you wish to go by at camp: \_\_\_\_\_

## Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work/Day #: \_\_\_\_\_

Diocese or Denomination: \_\_\_\_\_ Church: \_\_\_\_\_

## Transportation Information:

We must know in writing who will be transporting your child from camp to home. Only the person authorized by the parent/guardian will be permitted to transport your child home from camp.

\_\_\_\_\_ is authorized to transport \_\_\_\_\_ from Peterkin to home.  
(Driver's name) (Camper's name)

A part of the camp checkout procedure is the verification of the name of the person authorized to transport the camper home. Please notify Peterkin before the close of camp if there is a change from the person named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I, the parent/guardian of \_\_\_\_\_, give permission for his/her full participation in events associated with the Peterkin Camp and Conference Center, including but not limited to trail hiking, the river float trip, and campfire activities.

I give permission for my child to travel by church van or private vehicle while at Peterkin Camp and Conference Center.

I give my permission for photographs or video footage of my child to be used by The Diocese of West Virginia and Peterkin Camp and Conference Center for promotional purposes (brochures, on diocesan websites, promotional videos, etc).

I give my permission for my child's contact information to be included on a roster and his/her 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 the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Camper Name: \_\_\_\_\_ Camp attending: \_\_\_\_\_

**NOTE: It is the policy of the Diocese of West Virginia that no young person be denied the Peterkin camping experience because of cost. Scholarships are available through your local congregation. Please contact Daisy McBride at Peterkin Camp and Conference Center (304-822-4519) if you need further financial assistance, but please do so by April 30, 2009.**

Name of person responsible for payment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please make checks 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 = \_\_\_\_\_  
(camp fee - amount enclosed = balance due)

If applicable: \_\_\_\_\_

Scholarship Amount \_\_\_\_\_

Provided by: \_\_\_\_\_  
(church or organization)

***All campers receiving non-diocesan scholarships must have their applications signed by their priest.***

Signature: \_\_\_\_\_  
(Priest of sponsoring church or organization)

<b>Camp Fees</b>		
<i>Register by April 30, 2010 to receive the discounted fee.</i>		
<b>Camp</b>	<b>Discounted Fee</b>	<b>Standard Fee</b>
<b>Youth Camps:</b> <i>(includes Jr., Intermediate, Sr., Creative Arts, and Hallelujah Hike)</i>	<b>\$275</b>	<b>\$325</b>
<b>Beginner Camp:</b>	<b>\$75</b>	<b>\$100</b>
<b>Mini Camp:</b>		
<b>Adult</b>	<b>\$150</b>	<b>\$175</b>
<b>Youth (per child)</b>	<b>\$75</b>	<b>\$100</b>
<b>Family Camp:</b>		
<b>Adults</b>	<b>\$275</b>	<b>\$325</b>
<b>Ages 10-17</b>	<b>\$200</b>	<b>\$225</b>
<b>Under 10</b>	<b>\$125</b>	<b>\$150</b>
<b>Under 2</b>	<b>No fee</b>	<b>No Fee</b>

***\* A minimum of a \$50 deposit 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.***

*Please mail registration materials and payment to:*

Peterkin Camp and Conference Center  
HC 66 Box 9  
Romney, WV 26757

# Peterkin Camp and Conference Center

## 2010 Confidential Health and Medical Form

NOTE: This information will only be shared on a need to know basis and then only with those responsible for camp & special activities.

### For camp staff use only

Allergies: \_\_\_\_\_

Meds: \_\_\_\_\_ am noon pm hs other:

Health Concerns: \_\_\_\_\_

Lodge/Room: \_\_\_\_\_

Notify parent at the end of camp: Yes No

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Contact Information:

*In case of emergency, notify:*

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

Relationship: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*In the event the above person cannot be reached, give a backup contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please  
Print  
Legibly**

### Health History (to be completed by Parent or Guardian):

Please list any allergies or reactions to medications (food, bee stings, over the counter or prescription medications):

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List all medications the camper will need to take during camp. All prescription medication **MUST** be in original prescription bottles. A doctor's order should accompany each medication, even over the counter meds. Attach additional pages if necessary.

Medication:	Dosage:	Time of day:	with or without food:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are any activity restrictions for medical reasons, please list and explain:

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Has this person had more than a brief, minor illness or injury in the past year? If yes, please list and explain:

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Has there been any change in the family's situation in the last year? If yes, please list and explain:

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## Continued Health History (to be completed by Parent or Guardian):

<i>Has the camper had (check if applicable):</i>	Now	Past		Now	Past
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Earache/Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	High or Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Sever Stomachaches	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Problems	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Date of last Tetnus Shot: _____		

Is there anything else the camp should be aware of, including (but not limited to) any special dietary needs (vegetarian, food allergies, diabetic, etc)? If yes, please explain:

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Parents are always notified immediately of any serious illness or injury. Do you wish to be notified at the end of camp if your child visits the camp infirmary for minor complaints? (circle one)    **Yes**    **No**

Can we give your child over the counter medication for minor illness while he/she is at camp?    **Yes**    **No**

### Medical Insurance Information

If the camper is covered by health insurance, please provide the following information, and a photo copy of the insurance card:

Name of Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Name or Number: \_\_\_\_\_

### Parental Authorization (required for youth under 18 years of age):

To the best of my knowledge this health history is correct. Except as noted on this form my child as named above has my permission to engage in all prescribed activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

NOTE: UNLESS IT IS AN EMERGENCY WE WILL CONTACT THE PARENT/GUARDIAN BEFORE TAKING THIS CHILD TO A DOCTOR.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date of Signature

**Peterkin Camp and Conference Center**  
**2010 Physician/Medical Care Provider Form**

This page must be completed by your child's physician prior to camp.

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TO PHYSICIAN:** Your careful examination and written recommendations will encourage fitness and safe participation in strenuous activities. Please review the health and medical form of the child. If it is incomplete please ask that essential information be provided to you for your assessment and evaluation.

**Physical Examination:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Date of last tetanus shot (*if not current please give a booster*): \_\_\_\_\_

**General Appraisal:**

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**Special Concerns** (*list only what would affect the camper while at summer camp. Please include any recommendations you might have*):

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**Physician's Recommendations:**

I certify that I have reviewed the health history and examined the person named on this form and find him/her physically fit to participate in all camp activities except as listed below.

**Restrictions** (*If there are no restrictions please write 'None'*):

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Physician's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_