

# PENIEL HOLINESS CAMP YOUTH REGISTRATION FORM 2017

JULY 20-30, 2017

AGES 13 – 18 INVITED

**SAVE MONEY BY PRE-REGISTERING!** See Below for Details

# UNASHAMED

ROMANS 1:16

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

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

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

Home/Cell Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Years in Peniel Youth Plan (including this year): \_\_\_\_\_

If attending a church, what is its name: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

*Registration includes the cost of insurance*

**Cost:**

**Preregistration postmarked by July 14th**

**\$100 for 10 days**

**OR**

**Registration at Camp is \$125**

Make Checks Payable to:

Peniel Holiness Association

Mail Pre-registration Forms to:

Venture Church

Attn: Dorothy Wright

7872 Glenwood Ave.

Boardman, OH 44512

**Pre-Registration Deadline by Mail:**

**DO NOT mail registration forms after July 14, 2017.**

Bring your completed form and \$125 payment for registration to camp.

**Things to Bring:**

- Bible, Notebook and Pen
  - Soap, Shampoo, toothpaste, etc.
  - Knee-length shorts
  - Bathing Suit and Towel
  - Games to play during free time
  - Money for snack stand
  - Twin Bedding
  - Dress Pants, Dress Shirts, Knee-length dress/skirts (for evening services)
  - Laundry Pods
- Things NOT to Bring:**
- 2 piece Bathing suits
  - Electronics of any kind
  - Anything that could harm another camper
  - Belly shirts or bottoms with words on the backside
  - Pants or shorts with low cut waist lines
  - Low cut shirts or short shorts
  - Matches, candles, cigarettes, lighters, alcohol

Make sure your undergarments are clearly covered at all times

**Contact Info:** Youth Director-Adam Vanaman

**Email:** youth@penielholinesscamp.com

**Website:** penielholinesscamp.com

# MEDICAL RELEASE

In presenting my son/ daughter for diagnosis and treatment, I \_\_\_\_\_ for \_\_\_\_\_ (parent/legal guardian) (child) of \_\_\_\_\_ years of age, give voluntary consent to the rendering of such care, including: diagnostic procedures, surgical and medical treatment, and blood transfusion, by authorized members of the hospital staff or their designees, as in their professional judgement be necessary.

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on my child's condition.

I have read this form and I understand its contents.

I give my consent to Peniel Holiness Camp Meeting Association, who will be caring for my child for the period of July 20, 2017 to July 30, 2017, to arrange for routine or emergency medical, surgical, or dental care and treatment necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Family Physicians/ Surgeons/ Pediatrician/ Orthopedist: \_\_\_\_\_

Child's Allergies (if any): \_\_\_\_\_

Medicine Child is taking: \_\_\_\_\_

Name of Healthcare Insurance Provider: \_\_\_\_\_

Group #: \_\_\_\_\_ Agreement #: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

In case of Emergency, I can be reached at: \_\_\_\_\_

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

Any other additional information that we should be aware of:

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# PHOTO RELEASE

I \_\_\_\_\_, do hereby give Peniel Holiness Association, their assigns, licenses, and legal representatives the irrevocable right to use my name [or any fictional name], pictures, portrait, photograph, image, or voice in all forms of media and in all manners, including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith, I also agree that Peniel Holiness Association and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image, and/ or voice of myself. I am of full legal age. I have read this release and I am fully familiar with its contents.

## Consent for Minor

I am the parent or legal guardian of the minor named above and have legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Name \_\_\_\_\_ Signed \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Signed \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

# LAKE TRIP CONSENT

On July 24, 2017, the youth will be going to Pymantuning State Park in Linesville, PA for the day by bus. The Counselors and the Youth Superintendent will be attending. This will be a supervised youth event.

I \_\_\_\_\_, parent of \_\_\_\_\_, give permission for my son/ daughter to go to Pymantuning State Park in Linesville, PA on Monday July 24, 2017.

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