

WEEK 4



JUNE 30 - JULY 4

ELISE WOOD



IMPORTANT INFORMATION

CAMP ADDRESS:

*Pine Creek Camp, 1794 Back Creek Rd,
Gore, VA 22637*

PAYMENT SCHEDULE:

\$340 total

NONREFUNDABLE 1st Payment:

\$100 due Jan 29th

2nd Payment: \$100 due March 26th

3rd Payment: \$145 due June 11th

YARD SALE:

*Students will have an opportunity to
raise money by serving at the Yard Sale
May 24th*

MANDATORY PARENT CAMP MEETING:

JUNE 25TH

*Students will receive their teams and
team color as well as information about
leaving for camp the following week.*

2025 YOUTH CAMP REGISTRATION FORM

Last name _____

First name _____

Sex (M/F) _____ Birthdate ____/____/____

Grade _____

Address _____

City _____ State _____

Zip Code _____ Home Phone _____ - _____ - _____

E-mail _____

Father's Full Name _____

Phone # _____

Mother's Full Name _____

Phone # _____

Emergency Contact (If unable to reach parents during retreat)

Relationship _____

Phone # _____ - _____ - _____

Name & City of Church you are attending with: **Grace Assembly of God in Bel Air, MD**

Youth Leaders Name: **Pastor Valerie Fuqua**

Youth Pastor Email: valerie@graceofbelair.com

STATEMENT OF HEALTH-TO BE COMPLETED BY PARENT OR GUARDIAN

Insurance Carrier _____

Insurance Phone # _____

Policy # _____

Group # _____

Insured's Name (First & Last) _____

List **ALL MEDICATIONS** that student is currently taking _____

Is there any information that we should have regarding the welfare of this camper? _____ **(If explanation is needed, please explain on separate paper)**

PARENT SIGNATURE REQUIRED-EMERGENCY TREATMENT PERMISSION

I give the following EMERGENCY TREATMENT PERMISSION whereas I have legal custody of this child, a minor who resides with me. While this child is a registered attendee at a 2023 Potomac Youth Conference, I hereby authorize any Remix adult leader, director, dean, or first aid staff responsible to consent to any x-ray, examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, VA, PA, DE, or MD when such a medical or surgical treatment is necessary.

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

CONDUCT CODE

1. All cars will be parked at all times. Keys must be turned in at check-in.
2. Identification Policy: Wristbands are required to be worn at all times to verify that you are authorized to be on the campus. One wristband will be received at check-in.
3. No one is to leave the campus without specific prior permission from the Director.
4. VISITOR POLICY: Our goal for this camp experience is to see each student's life impacted and changed eternally. Therefore, in an effort to limit distractions, we strongly discourage visitors. Camp is only opened to registered students and staff. Parents or guardians may be permitted for the evening service ONLY by permission of the Camp Director. Youth groups are not permitted.
5. Possession of TOBACCO products/ juul's/illegal drugs, or vaping, will result in immediate dismissal. NO alcoholic beverages, fireworks, pornographic materials, weapons (knives, scissors, sharp object s.) Possession will result in dismissal.
6. THINGS NOT TO BRING: barber shears, computer, TV, video games are not permitted & will be confiscated.
7. CELL PHONE POLICY: We do allow cell phones to be brought to camp. They are only to be used in the room during free time and after curfew. They are NOT ALLOWED OUTSIDE of the room. PYM is not responsible for lost, stolen, or broken phones. We strongly discourage bringing cell phones to camp if possible.
8. By law, prescription medications must be in their original prescription bottle in the student's name. All prescription medication must be turned in at check-in. Over the counter meds must also be in their original container. Unmarked medication will be confiscated. Staff will NOT dispense any over-the-counter medications unless permission has been given on the medical form. Students & staff should bring all medication or personal items they will need.
9. We reserve the right to inspect the contents of all rooms, and personal belongings. The staff reserves the right to hold/or dispose of improper contents.
10. Everyone must observe Christian conduct, personal cleanliness, and respect for authority, fellow campers, and their personal property. Lack of cooperation, unnecessary roughness, unwholesome attitudes, and violations of Conduct code will result in expulsion from youth camp, day/night, at the expense of parents. No refunds given!
11. Members of the opposite sex are prohibited to enter/visit each other's rooms (including relatives). No one is allowed in off limits areas.
12. The entire daily schedule must be observed by everyone. Each student will perform duties as part of the privilege of being here. Rooms and adjacent areas must be kept clean!
13. The dress code will be enforced at all times. (This will be sent in confirmation e-mail)
14. Potomac Youth Network may photograph campers & their family and may use such photographs or video for promotional publicity, historical purposes, and the like.

POTOMAC YOUTH CAMP REGISTRATION FORM (Circle: Week 1 Week 2 **Week 3**)

Last name _____ First name _____ Gender At Birth (M/F) _____

Birthdate ____/____/____ Grade (as of '23-'24 school year) _____

Street Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone ____ - ____ - ____ E-mail _____

Father's Full Name _____ Phone # _____

Mother's Full Name _____ Phone # _____

Emergency Contact (If unable to reach parents during camp) _____

Relationship _____ Phone # ____ - ____ - ____

Name & City of Church you are attending with _____

_____ Youth Leaders Name _____

Youth Pastor/Leader's E-mail _____

STATEMENT OF HEALTH-TO BE COMPLETED BY PARENT OR GUARDIAN

Insurance Carrier _____ Insurance Phone # _____

Policy # _____ Group # _____

Insured's Name (First & Last) _____

CHOOSE ONE:

Current Immunizations: **YES NO** If no, what is missing _____

Inhaler: **YES NO** Epi-pen: **YES NO** Exposed to a communicable disease: **YES NO**

Physical needs that would limit camp activities: **YES NO** Can student swim: **YES NO**

Can student use shallow end: **YES NO** Allergic to: _____

Can students be given Ibuprofen, Tylenol, or Benadryl if needed? **YES NO**

List **ALL MEDICATIONS** that student is currently taking _____

Is there any information that we should have regarding the welfare of this camper? _____

(If explanation is needed, please explain on separate paper)

PARENT SIGNATURE REQUIRED-EMERGENCY TREATMENT PERMISSION

I give the following EMERGENCY TREATMENT PERMISSION whereas I have legal custody of this child, a minor who resides with me. While this child is a registered camper at a **2024** Potomac Youth Camp, I hereby authorize any youth camp director, dean, or first aid staff responsible to consent to any x-ray, examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, VA, or MD when such a medical or surgical treatment is necessary.

PARENT SIGNATURE _____

I have read & agree to adhere to the conduct code & understand that willful misconduct or any breach of the conduct code will subject me to dismissal from camp at any time, day or night, at my parent's expense.

STUDENT SIGNATURE _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING PINE CREEK RETREAT CENTER FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Pine Creek Retreat Center facilities, services, equipment and premises (“Facilities”) and any participation in Pine Creek Retreat Center programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Pine Creek Retreat Center, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)