

## **MAHAFFEY CAMP & CONFERENCE CENTER**

of The Western PA District of The Christian and Missionary Alliance "A Christian Center for Spiritual Growth"

Edward L. Depp, Director / Developer

## **Mahaffey Family Camp Youth Registration Form**

Family Camp

July 21 - 30, 2023

Please note: <u>No campers age 18 or under</u> will be permitted to stay on the campground during Family Camp without completion of this form unless they will be under the direct supervision of a parent or grandparent. <u>This form is due at the time of registration for room or RV deposit</u>. Please return it in advance to the camp office so that it may be processed prior to check-in. A room / site will not be issued until this form is submitted. Please return this completed form along with your room/site deposit.

| Name of Camper 18 years of age and under                       | Age Date of Birth   |
|--|---|
| Home Address   | City/State/Zip  |
| Home Church  | Pastor's Name   |
| / (Dorms are supervised)<br>Dorm Room #                        | / (Adult supervision at site is required)<br>Trailer Area Trailer Site #  |
| Allergies  | By signing this form, the Sponsor accepts full<br>responsibility for the camper listed above. If the<br>camper listed above desires to leave the camp                                   |
| Other medical conditions to be aware of:                       | <i>— between the hours of 7:00pm and 7:00am., he/she</i><br><i>MUST have written permission from the sponsor</i><br><i>each time he/she leaves and must have the</i>                    |
| Name of Sponsor 25 years of age or older                       | <i>permission form in his/her possession. No teens are</i><br><i>permitted to be left unsupervised overnight at any</i><br><i>campsite without an adult over the age of 25 present.</i> |
| Location of Sponsor on Mahaffey Campgrounds                    |   |
| Signature of Sponsor   |   |
| Emergency phone number of sponsor – cell phone number required |   |
| Name of Parent/Guardian  | Parent/Guardian home & emergency phone numbers  |
| Home Address   | City/State/Zip  |

Release Agreement - I hereby give my permission for my child to participate in the camp program at Mahaffey Camp and Conference Center. In the event of an emergency when medical treatment is required, I give permission to the physician selected by my Child's Sponsor, the Camp Director, or designated staff to hospitalize, secure treatment, order injections, anesthesia or surgery for the camper named on this registration form. I acknowledge that camp activities have inherent dangers that no amount of care or caution, instruction or expertise can eliminate. I and the participant expressly and voluntarily assume all risk of personal injury sustained while participating in aforementioned camp activities whether or not caused by the negligence of the released parties. In the event of an accident or injury none of the following shall be held responsible: Camp Director, Nurse or any other camp staff, Mahaffey Camp and Conference Center or the Western PA. District of the Christian and Missionary Alliance.

Parent/Guardian Signature

Date

By signing the above stated document, I commit to reviewing the camp rules and regulations with my child, including the dress code standards. I or the above signed sponsor will assume all responsibility for my child's behavior. I acknowledge that violation of the rules can result in the dismissal of my child from the camp grounds. In the event of dismissal, the sponsor and parent/guardian will be notified by the camp office.



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