

Mahaffey Camp & Conference Center

2024 Youth Camp Registration

Please print clearly in black ink – Detach this page and return with registration fee.

Please complete both sides of registration form, including parent signature sections. You are encouraged to register early, as space is limited. Registrations must be completed in full to be accepted. **NOTE: Deadline to register for each camp is the Wednesday before the first day of camp (4 days prior).**

Note: No cancellations or transfers to or from a camp can be made in the 10 days prior to camp starting. If cancellation is made more than 10 days before camp starts, a refund will be issued less the \$75.00 non-refundable processing fee. No refunds will be issued in the 10 days prior to camp starting. Notification must be made immediately to the camp office of any changes.

Camper Information

Camper Name _____ DOB _____ Age _____ Completed Grade _____
Address _____ City _____ State _____ Zip _____
Email _____ (required for confirmation) Parent's Name _____
Parent Phone _____ Cell # _____ Emergency # _____
Home Church _____ Pastor _____
Roommate Request (maximum of 3 – late requests may not be honored)

Circle One: Male Female T-shirt size (circle one): Youth: S M L Adult: S M L XL
☐ First Time Camper to Mahaffey Youth Camp ☐ Camper has previously attended Mahaffey Youth Camp

Payment Information Note: Camper's registration is only guaranteed by enclosing a \$75.00 non-refundable deposit. Payment in full discount cannot be combined with any other discount.

Camp(s) Attending:

Camp	Dates	Amount	Attending
Teen	June 16-21	\$330	
Worship	June 16-21	\$365	
Kids	June 23-28	\$330	
Soccer	June 23-28	\$380	
Creative Arts	June 30-July 5	\$365	
Junior	June 30-July 5	\$330	
S.T.E.M.	June 30-July 5	\$380	
Y. Explorers	July 7-9	\$135	
Horse	August 4-9	\$480	
Basketball	August 4-9	\$380	
Adventure	August 4-9	\$380	

Credit Card Payment

Mastercard _____ or Visa _____ Amount: \$ _____
Card # _____ - _____ - _____ Exp. ____/____
3 Digit Security Code _____
Signature: _____

Office Use: Amount Paid _____
Date Received _____ Ck # _____

Check the following that applies:

☐ **Regular Rate:** Camper attending _____ Camp at regular rate of \$ _____

☐ **Angel Tree Camper:** Registration fee of \$75 must be enclosed (late fee applies after 5/14). Camp Office will follow up with Angel Tree Registration Paperwork that must be filled out to receive full scholarship. *To be eligible, camper must meet one of the following criteria (check one):*
☐ Camper has received a Christmas gift through Angel Tree Ministries
☐ Camper lives in the same household as an Angel Tree child (has received a Christmas gift through Angel Tree) who is ALSO attending Mahaffey Youth Camp in 2024

☐ **Staff Personnel's Child** (regular rate - \$245) (Rates for staff of Horse Camp - \$365; Soccer, Basketball, STEM & Adventure - \$285, Arts & Worship - \$270, YE - \$105). This discount also applies to Teen Camp attendees who are serving as counselors in other camps. Early registration discount applies to all campers, including staff personnel's children.

Check your payment option:

NOTE: All discounts and late fees applicable only by date postmarked.

☐ **Payment in Full** enclosed on or before 4/12/24
\$10 early discount applies – deduct from above rate

☐ **Registration fee** of \$75.00 on or before 5/14/24
Balance due at camp check-in: \$ _____

☐ **Registration fee** after 5/14/24
\$50 late fee applies for all campers including staff personnel and Angel Tree.
Balance due at camp check-in: \$ _____

Total Payment Enclosed: \$ _____

Realizing that the cost of camp for a week exceeds the amount charged for registration, if you would like to make a contribution to the camp program or to sponsor a camper scholarship, your donation would be highly appreciated!
Optional Donation Enclosed: \$100 _____ \$75 _____ \$50 _____ \$25 _____
Other: \$ _____ Thank You for your support!

Mahaffey Camp & Conference Center

2024 Registration - Health and Camper Information

Please print clearly in black ink – Detach this page and return with registration fee.

Camper Name: _____

In order for us to be able to provide the highest quality care for your camper during the week, please fill out all information as accurately and thoroughly as possible, attaching extra documents/papers as necessary. Please be aware that Mahaffey Camp will not discriminate based on any of the following information. Information on this page will ONLY be seen by office staff, nursing staff, camp director, and your camper's counselor. At your request, it can be kept confidential between the camp office staff and the camp nurse. Any questions may be directed to the camp office.

Does your camper have allergic reactions to any of the following:

☐ Food Comments: _____ ☐ Bee Stings Comments: _____
☐ Medication Comments: _____ ☐ Poison Ivy/Oak Comments: _____

Does your camper have any of the following sleeping habits: ☐ Nightmares ☐ Bed Wetting ☐ Sleep Walking ☐ Other
Comments: _____

Camper makes friends: ☐ Very Easily ☐ Easily ☐ Average ☐ Slowly
Comments: _____

Does your camper have any of the following: ☐ Seizures ☐ Homesickness ☐ Asthma ☐ Inhaler ☐ Heart Condition
☐ Physical Disability ☐ Intellectual Disability ☐ Diabetes ☐ Mental Health Disability ☐ Attention Deficit Disorder (ADD/ADHD)
☐ Autism Spectrum Disorder (ASD) ☐ Anxiety ☐ Depression ☐ Other: _____
Comments: _____

Any additional comments or concerns: _____

Current Medication and Dosage (please attach more information as needed)

All medication to be given at camp must be clearly labeled in a Ziploc bag with the camper's name, dosage amount, and administration times. Medications must be submitted to the camp nurse at registration and will be kept in his or her care during camp. Parents are responsible for medication pickup from the nurse at the conclusion of camp.

Family Doctor _____ Phone _____ Date of Last Tetanus Shot _____

Insurance Information: Mahaffey Camp's medical payments insurance for campers begins where yours terminates. In the event that you have no other insurance, the camp insurance will provide coverage up to policy limits subject to policy provisions.

Insurance Provider _____ Policy # _____

Release Agreement

Release Agreement – I hereby give my permission for my child to participate in the camp program at Mahaffey Camp and Conference Center. I also give my permission for my child to be transported in vehicles for camp approved transportation and activities. I also authorize Mahaffey Camp and Conference Center to use photographs/videos of my child for publicity and promotion. Mahaffey Camp and Conference Center operates in accordance with the USDA policy which does not permit discrimination because of race, color, age, gender, handicap, or national origin. In the event of an emergency when medical treatment is required, I give permission to the physician selected by the Camp Director, or designated staff, to hospitalize, secure treatment, order injections, anesthesia or surgery for the camper named on this registration form. Permission is granted to contact our family doctor. I also authorize the release of any medical information necessary for insurance purposes to Mahaffey Camp and Conference Center. Mahaffey Camp and Conference Center and/or the Western PA District of the C&MA will be in no way held responsible for medical treatment or liability resulting from health or physical conditions existing prior to the camper's time at camp. It is understood that caution will be taken to prevent injury. I acknowledge that camp activities have inherent dangers that no amount of care or caution, instruction or expertise can eliminate. We 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, including but not limited to: sickness (including transmission of viruses like COVID-19), bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In the event of an accident, injury, or claim resulting from sickness (including claims related to the spread of infectious diseases), none of the following shall be held responsible: Camp Director, Nurse, any other camp staff or volunteer, Mahaffey Camp and Conference Center, or the Western PA District of the Christian and Missionary Alliance. Mahaffey Camp & Conference Center will be abiding by all current regulations set forth by the PA Department of Health in relation to the mitigation of the spread of COVID-19.

Medical Release Form – The camper listed is permitted to receive over-the-counter medications such as Tylenol, Pepto-Bismol, Benadryl, Maalox, Tums, etc. as supervised by the camp nurse. Please list on a separate sheet of paper any restrictions to this release for over-the-counter medications.

☐ Yes ☐ No

Signature of parent or guardian (both signatures required when applicable):

Camp fees include meals, lodging, equipment, and all camp activities. Soccer Camp and Basketball Skills Camp include a regulation ball for each camper. All campers receive a camp t-shirt. A camper confirmation letter is sent via email 14 days prior to camp providing important additional details.

If you are interested in serving in some capacity for camp, please contact the Camp Office for availability of positions and for an application. Clearances are required for all volunteers age 18 and older. Staff Personnels' children will be given a significant discount as a thank-you for serving. This will apply during all camps you serve at.