



MAHAFFEY CAMP & CONFERENCE CENTER

of The Western PA District of The Christian and Missionary Alliance

"A Christian Center for Spiritual Growth"

Micah M. Yarger, Executive Director

Mahaffey Family Camp Youth Sponsorship Form

Family Camp

July 18- 27, 2025

Please note: No campers age 18 or under 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. This form is due at the time of registration for room or RV deposit. 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

_____/_____
Dorm Room # (Dorms are supervised)

_____/_____
Trailer Area Trailer Site # (Adult supervision at site is required)

Allergies

Other medical conditions to be aware of:

Name of Sponsor 25 years of age or older

Location of Sponsor on Mahaffey Campgrounds

Signature of Sponsor

Emergency phone number of sponsor – cell phone number required

Parent/Guardian home & emergency phone numbers

Name of Parent/Guardian- print

Home Address

City/State/Zip

By signing this form, the Sponsor accepts full responsibility for the camper listed above. If the camper listed above desires to leave the camp between the hours of 7:00pm and 7:00am., he/she MUST have written permission from the sponsor each time he/she leaves and must have the permission form in his/her possession. No teens are permitted to be left unsupervised overnight at any campsite without an adult over the age of 25 present.

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.



THE ALLIANCE

P.O. Box 277, Mahaffey, PA 15757 • 814-277-5544
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