

**IMPORTANT MEDICATION INFO:** All medication to be given at camp must be in their original containers and placed 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.

**RELEASE AGREEMENT**

My signature below grants 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. 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 before the camper's time at camp. It is understood that caution will be taken to prevent injury. I acknowledge that camp activities inherently carry risks that no amount of care, caution, instruction, or expertise can eliminate. We and the participant expressly and voluntarily assume all risk of personal injury sustained while participating in the aforementioned camp activities, whether or not caused by the negligence of the released parties, including but not limited to: sickness, 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.

**Medical Release Form** - The camper listed is permitted to receive over-the-counter medications, such as Tylenol, Pepto-Bismol, Benadryl, Maalox, and Tums, 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):**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**I authorize Mahaffey Camp and Conference Center to use photographs/videos of my child for publicity and promotion.**

YES  NO



REFRESH • RENEW • REFOCUS  
**SEE YOU THIS SUMMER**  
*at Mahaffey Camp*

814.277.5544  
Mail To: PO Box 277  
Mahaffey PA, 15757

**2026 REGISTRATION FORM • ONLINE REGISTRATION AVAILABLE**  
at [www.mahaffeycamp.com](http://www.mahaffeycamp.com) or by scanning **this QR CODE:**



**Camper Name:** \_\_\_\_\_

Please fill out all information as accurately and thoroughly as possible, attaching extra documents/papers as necessary. Registration information will ONLY be seen by office staff, nursing staff, camp director, and your camper's counselor. Any questions may be directed to the camp office.

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

Dietary 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

*\*Please send extra sheets and bedding.*

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: \_\_\_\_\_

Please attach information for current Medications and Dosage.

**Family Doctor:** \_\_\_\_\_ **Dr. 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 #** \_\_\_\_\_

**PAYMENT INFORMATION**

**(Staff, Counselors attending a camp, & volunteers receive 25% off)** If you are interested in volunteering, please contact the camp office. Please register your child at the regular rate because camps fill quickly! Pending volunteer approval, we will refund the 25% difference.

**T-shirt size: Youth:** \_\_\_S\_\_\_M\_\_\_L **Adult:** \_\_\_S\_\_\_M\_\_\_L\_\_\_XL\_\_\_XXL\_\_\_XXXL

**PLEASE CHECK THE CAMP(S) ATTENDING**

- \_\_\_\_\_ \$340 (-25% \$255) • TEEN CAMP • GRADES 9 - 12 • JUNE 14 - 19
- \_\_\_\_\_ \$340 (-25% \$255) • KIDS CAMP • GRADES 3 - 5 • JUNE 21 - 26
- \_\_\_\_\_ \$395 (-25% \$296) • SOCCER CAMP • GRADES 4 - 10 • JUNE 21 - 26
- \_\_\_\_\_ \$340 (-25% \$255) • JUNIOR CAMP • GRADES 6 - 8 • JUNE 28 - JULY 3
- \_\_\_\_\_ \$135 (-25% \$102) • YOUNG EXPLORERS • GRADES 1 & 2 • JULY 5 - 7
- \_\_\_\_\_ \$395 (-25% \$296) • BASKETBALL CAMP • GRADES 5 - 9 • AUGUST 2 - 7
- \_\_\_\_\_ \$395 (-25% \$296) • ADVENTURE CAMP • GRADES 9 - 12 • AUGUST 2 - 7
- \_\_\_\_\_ \$495 (-25% \$371) • HORSE CAMP • GRADES 4 - 12 • AUGUST 2 - 7

**TEEN & JUNIOR CAMPERS, PLEASE SELECT YOUR ELECTIVE FOR THE WEEK (NO ADDITIONAL COST!):**  
\_\_\_ STEM \_\_\_ Creative arts \_\_\_ Outdoor Recreation

**ANGEL TREE CAMPER**

Please **enclose a registration fee of \$75 (late fee applies after 5/13)**. Our Camp Office will send you Angel Tree Paperwork to complete your registration.

To be eligible, a camper must meet one of the following criteria (please 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 2026.

**SELECT PAYMENT AMOUNTS THAT APPLY**

- \_\_\_\_\_ **\$75 non-refundable deposit**  
*A camper's registration is only guaranteed by enclosing the deposit.*  
\_\_\_\_\_ **Payment In Full**
- \_\_\_\_\_ **Angel Tree Camper**
- \_\_\_\_\_ **Staff, Counselor, or Volunteer Rate**
- \_\_\_\_\_ **+ \$50 Late Fee if registering after May 13, 2026**
- \_\_\_\_\_ **Total amount enclosed**                      \_\_\_\_\_ **Balance due at Camp Check-In**

**Camp fees include:** meals, lodging, equipment, a camp t-shirt, and all camp activities. A camper confirmation letter is sent via email 14 days before camp, providing important additional details.

**MAHAFFEY CAMP & CONFERENCE CENTER YOUTH CAMP REGISTRATION 2026**

**Please detach this page, print clearly, and fill out both sides of the registration form, including the guardian signatures section.**



**OR, REGISTER ONLINE WITH THIS QR CODE:**

**CAMPER INFORMATION**

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

\_\_\_ First Time Camper at Mahaffey Youth Camp \_\_\_ Camper Attended Before

Completed Grade \_\_\_\_\_ Address \_\_\_\_\_

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

Email \_\_\_\_\_ (required for confirmation)

Parent/Guardian's Name \_\_\_\_\_

Parent Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Home Church \_\_\_\_\_

Pastor \_\_\_\_\_

**Roommate Request (maximum of 3 - late requests may not be honored)**

\_\_\_\_\_  
\_\_\_\_\_

**CREDIT CARD PAYMENT**

Card # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Expiration \_\_\_/\_\_\_ 3 Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use:** Amount Paid \_\_\_\_\_ Date Received \_\_\_\_\_ Ck # \_\_\_\_\_

**Cancellation Policy:** Cancellations must be made 10 business days before camp starts. A refund will be issued less the \$75 non-refundable deposit. Please call the office immediately to complete a cancellation. Funds may be transferred to another camper or used at another week of camp.