2022 SUMMER CAMP INFORMATION

- Some camps fill quickly, register early.
- Registration must be received at least one week in advance of the first day of camp.
- Each child may register for multiple day camps and ONE overnight camp.
- Child must have completed kindergarten.
- Your child is assigned to a group before they arrive at camp. He/she may request to be with up to two friends (for Overnight camp, must be of the same gender). The request should be mutual and each should have the other's name on his/her form. Please make sure friends are registered for the same camp.
- Transportation is not provided.

FINANCIAL ASSISTANCE is available for those who qualify. We desire summer camp to be a possibility for all children. Application forms can be obtained from the website or by calling the office.

EXTENDED CARE (Day Camp)

Before Care: 7- 9AM After Care: 4- 5:30PM

Extended care is a Before and After Care Service for day campers whose parents are employed over the hours of normal drop-off and pick-up times. Any or all of the available hours may be utilized. Please indicate on registration form.

Cost: Before Care: $20.00 After Care: $20.00
Both Before and After Care: $40.00

Paper Application:

- Send a complete registration form along with a $50.00 NON-REFUNDABLE & NON-TRANSFERABLE deposit (check or cash only) for each week you are registering. Your deposit will be deducted from the total amount of camp.
- Balance is due upon arrival the first morning of camp. (Check or Cash only)
- Upon registration an email confirmation will be sent to you.

Mail registration form and deposit to:

WOODCREST RETREAT
Attn: Summer Camp
225 Woodcrest Drive
Ephrata, PA 17522

Phone: 717-738-2233
www.WoodcrestRetreat.org
e-mail: info@WoodcrestRetreat.org

CHRISTIAN CAMP & CONFERENCE ASSOCIATION MEMBER

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2022 Summer Camp Registration Form

PLEASE PRINT (1 child per form) **Photo copies of registration form are acceptable.**

Camper Name _____ Birthdate _____

Age (at time of camp) _____ Gender _____ Grade (completed) _____

Parent/Guardian Name _____

Address _____ Home Phone _____

City, State Zip _____ Cell Phone _____

Work # _____ School _____

E-mail _____

Church (if any) _____ None: ☐

People Authorized to Pick up Camper (list all) _____

Group mate request 1. _____ Group mate request 2. _____

Note: Must be mutually requested, same gender (Overnight), and close in age. Maximum of 3 friends together.

I agree that I understand the risks of outdoor activities and camping life, and consent to the following: I shall not hold the camp responsible or legally liable for loss of personal property or bodily injury; my child may participate in all camp activities; if my child has a sickness or injury requiring off site medical attention it will be my responsibility to pay any and all expenses; camp photographs/videos and audio of my child may be used in camp publicity, publications, or promotions.

Parent Signature:_____Print Full Name:_____Date:_____

My signature above verifies that I am a custodial parent or legal guardian of this camper.

Please list any significant health/behavioral concerns or allergies. (A detailed health history form will be sent to you)

_____

_____

DAY CAMP

May Register for MULTIPLE WEEKS

Please check week(s) attending

2022 DATES	Discovery (ages 6-11)	Trekkers (ages 12-14)	Extended Care Before (Complete if requesting)	Extended Care After (Complete if requesting)
Week 1 June 20-24	_____	_____	_____	_____
Week 2 June 27-July 1	_____	_____	_____	_____
Week 3 July 5-8	_____	_____	_____	_____
July 5-8 Wilderness Day Camp	_____		_____	no A/C
Week 4 July 11-15	_____	_____	_____	_____
Week 5 July 18-22	_____	_____	_____	_____
Week 6 July 25-29	_____	_____	_____	_____
Week 7 August 1-5	_____	_____	_____	_____
Week 8 August 8-12	_____	_____	_____	_____

Please mail a non-refundable/ non-transferable deposit of $50 per person per week of camp to:

WOODCREST RETREAT
Attn: Summer Camp
225 Woodcrest Drive
Ephrata, PA 17522

OVERNIGHT CAMP

May Register for ONE WEEK and ONE ADVENTURE CAMP

Check One	CAMP NAME	AGES	2021 DATES
_____	**Explorer Camp I**	**7-10**	**June 22-24**
_____	**Explorer Camp II**	**7-10**	**August -10**
_____	**Pioneer Camp I**	**9-12**	**June 27-July 1**
_____	**Pioneer Camp II**	**9-12**	**July 11-15**
_____	**Frontier Camp I**	**11-13**	**July 25-29**
_____	**Frontier Camp II**	**11-13**	**Aug. 1-5**
_____	**Trailblazer Teen**	**13-15**	**July 18-22**
_____	**Outbound French Creek**	**14-16**	**July 25-29**
_____	**Outbound River Rumble**	**13-15**	**July 18-22**
_____	**Outbound Deep Woods**	**11-13**	**August 3-5**

Refer-A-Friend Discount (Overnight Camp Only)

Bring one new friend to Woodcrest, save $40 for both you and your friend!

- Anyone referring new friends must be a returning overnight camper.
- Referred friend must be new to Woodcrest's overnight camp program and not an immediate family member.
- Both registrations must be completed by May 1st
- Marking a friend in the "Groupmate Request" section does not count as a referred friend, they also need to be entered here.
- If you desire to pay the full amount right away, deduct $40 from your total before sending in payment
- Check the box if you are using this discount:
- Name of Friend: _____

Date Rec'd	Check #	Camp Cost	Ext. Care	Total Due	Deposit	Balance Due

For Office Use Only

Woodcrest Retreat - Health and Release Form

Participant Name:	Age:	Date of Birth:	Sex: ❒M ❒F
Name of Parent/Guardian (if under 18)			
Address:		1st Phone:	
City, St, Zip:		2nd Phone:	
Emergency contact:		Relationship:	
Phone:	2nd Phone:		
Name of Family Doctor or Practice		Phone:	
Medical insurance? ❒ Yes ❒ No	Policy or Group #:		
Insurance Co. Name:		Phone:	

IMPORTANT!! PLEASE COMPLETE!! Tetanus (Date of Shot or Last Booster) ___/____/____
A current 10 year booster will be accepted.

I grant permission to Woodcrest Retreat to administer these over the counter medications to my child as needed.
☐Ibuprofen ☐Benadryl ☐Cough drops ☐ Antacid ☐Antibiotic ointment ☐Sunscreen ☐Acetaminophen

Please list any known allergies. (Medication, food, etc.)

List any restrictions on physical activity, major illnesses, or injuries; and list and explain any other problems we should be aware of: (Attach additional paper if needed)

Camping Program Authorization and Release

- To my knowledge the above information I have provided is correct and the named participant ("Camper") has permission and is authorized to participate in the camping program of Woodcrest Retreat ("Camping Program") except as noted.
- I understand and agree that as part of the Camping Program, the Camper may be transported in motor vehicles both on and off of the grounds of Woodcrest Retreat for camp approved transportation and activities.
- I grant permission for the Camper to be included in camp photo's, audio, and/or video which may be used for promotional purposes.
- I acknowledge and understand that the Camping Program involves a wide variety of formal and informal indoor and outdoor recreational and learning activities and that participation in the Camping Program could result in personal injury or illness to the Camper. With full knowledge of the risks associated with the Camper participation in the Camping Program, I hereby absolve, release and forever discharge and hold harmless Woodcrest Retreat, its officers, directors, members, employees and agents, and any individual directly or indirectly involved with the Camping Program from any and all liability, for injury or illness suffered by the Camper while participating in or as a result of the Camping Program.
- In the event the Camper should suffer an injury or illness while participating in or as a result of the Camping Program, I hereby authorize and consent to any and all medical treatment which may be determined by a physician, other qualified medical personnel or the officials of the Camping Program to be necessary or desirable for the Camper and hereby authorize the officials of the Camping Program to use their discretion to have the Camper transported to a medical facility for such treatment.
- I understand that if during the Camping Program the Camper has a sickness or injury requiring offsite medical attention it will be the Camper or Parent/Guardians responsibility to pay any and all charges.
- By signing below, the Camper, and if applicable the parent/guardian, acknowledge they have read and understood this Camping Program Authorization and Release.

Signature of Participant (or #1 Parent/Guardian if participant is under 18 years of age):

_____ Print Name: _____ Date_____

#2 Parent/Guardian signature if participant is under 18 years of age:

_____ Print Name: _____Date_____

Form should be signed by ALL persons with legal responsibility for this Camper, including parent(s) and/or guardian(s).