

# 2024 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](http://www.WoodcrestRetreat.org)  
e-mail: [info@WoodcrestRetreat.org](mailto:info@WoodcrestRetreat.org)



## Registration Next Page

# 2024 Summer Camp Registration Form

PLEASE PRINT (1 child per form)

Photo copies of registration form are acceptable.

Camper Name	Birthdate	Work #	School
Age (at time of camp) Gender	Grade (completed)	E-mail	
Parent/Guardian Name		Church (if any)	None: <input type="checkbox"/>
Address	Home Phone	People Authorized to Pick up Camper (list all)	
City, State Zip	Cell Phone		

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

2024 DATES	Discovery (ages 6-11)	Trekking (ages 12-14)	Complete if requesting	
			Extended Care Before	After
<b>Week 1</b> June 17-21	_____	_____	_____	_____
<b>Week 2</b> June 24-28	_____	_____	_____	_____
<b>Week 3</b> July 1-5	_____	_____	_____	_____
July 1-5 Specialty Day Camp	_____	_____	_____	no A/C
<b>Week 4</b> July 8-12	_____	_____	_____	_____
<b>Week 5</b> July 15-19	_____	_____	_____	_____
<b>Week 6</b> July 22-26	_____	_____	_____	_____
<b>Week 7</b> Jul 29-Aug 2	_____	_____	_____	_____
<b>Week 8</b> August 5-9	_____	_____	_____	_____

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 Outbound Adventure CAMP

Check One	CAMP NAME	AGES	2024 DATES
_____	<b>Explorer Camp I</b>	<b>7-10</b>	<b>June 19-21</b>
_____	<b>Explorer Camp II</b>	<b>7-10</b>	<b>August 5-7</b>
_____	<b>Pioneer Camp I</b>	<b>9-12</b>	<b>June 24-28</b>
_____	<b>Pioneer Camp II</b>	<b>9-12</b>	<b>July 8-12</b>
_____	<b>Frontier Camp I</b>	<b>11-13</b>	<b>July 22-26</b>
_____	<b>Frontier Camp II</b>	<b>11-13</b>	<b>July 29-Aug 2</b>
_____	<b>Trailblazer Teen</b>	<b>13-15</b>	<b>July 15-19</b>
_____	<b>*Outbound River Rumble 14-16 June 24-28</b>		
_____	<b>*Outbound West Virginia 14-16 July 8-12</b>		
_____	<b>*Outbound Assateague Island 13-15 July 22-26</b>		
_____	<b>*Outbound French Creek 12-14 Aug 5-7</b>		

*\*outbound camps spend most of the week off property*

**\*NEW SUMMER 2023\* Tiered Pricing: Please circle which tier below:**

- Tier 1** (True Cost; highest price)
- Tier 2** (Direct Cost; middle price)
- Tier 3** (Donor-Supported Cost; lowest price)

*For more information, please visit our website [www.woodcrestretreat.org](http://www.woodcrestretreat.org)*

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: <input type="checkbox"/> M <input type="checkbox"/> F
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Name of Parent/Guardian (if under 18)

Address:	1st Phone:
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City, St, Zip:	2nd Phone:
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Emergency contact:	Relationship:
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Phone:	2nd Phone:
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Name of Family Doctor or Practice	Phone:
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Medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy or Group #:
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Insurance Co. Name:	Phone:
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**\*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 \_\_\_\_\_