



## **CAMPER REGISTRATION**

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

DOB: \_\_\_\_\_

Circle One: **MALE / FEMALE**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Text: \_\_\_\_\_

Call: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Has Camper been Immersed? \_\_\_\_\_

First Time at Camp Pitt? \_\_\_\_\_

Camper's Church \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Second Contact # \_\_\_\_\_

Who can pick-up Camper? \_\_\_\_\_

\_\_\_\_\_

Who is restricted from picking up

Camper? \_\_\_\_\_

\_\_\_\_\_

T-Shirt Size: **YOUTH (S) (M) (L)**

**ADULT (S) (M) (L) (XL) (2XL) (3XL)**

What week are you registering for?

**FULL WEEKS:**

- High School (9th-10th) - June 11th - 16th
- Middle School (6th-8th) - July 16th-21st
- Intermediate (4th-5th) - June 25th-30th
- Junior (2nd-3rd) - July 9th-14th

**DAY CAMPS:**

- First Chance (ages 4, 5 and 6) - July 6th

**HALF WEEKS:**

- First Timers (K-1st) - July 5th-7th
- Elective Camp (6th-8th) **July 24th-26th**
- Elective Camp (9th-12th) - July 24th-26th

***If you're attending an "Elective Camp," please make ONE selection from our list of electives:***

- Horseback Riding Camp
- Photography Camp
- Soccer Camp
- Wilderness Camp

**COSTS** (Early Bird ends May 1st, 2023)

**Full Weeks / Half Weeks / Day Camp**

**\$210.00<sup>EB</sup>    \$90.00<sup>EB</sup>    \$35.00<sup>EB</sup>**

**\$230.00<sup>Reg.</sup>    \$100.00<sup>Reg.</sup>    \$40.00<sup>Reg.</sup>**

***Make all checks payable to: Camp Pitt, 1232 Oxford Rd. Chatham, VA 24531***



## **CAMPER REGISTRATION**

Scholarship Amount (if applicable): \$ \_\_\_\_\_ Form# \_\_\_\_\_  
Church Discount and Code (if applicable): \$ \_\_\_\_\_ Code# \_\_\_\_\_  
Include a donation to Summer Missions \$ \_\_\_\_\_ Check# \_\_\_\_\_  
Total payable to Camp Pitt: \$ \_\_\_\_\_ Check# \_\_\_\_\_

### **CAMPER MEDICAL AND EMERGENCY CONTACT INFORMATION**

*\*This form MUST be completely filled out and signed for your camper to attend and participate in any Camp program\**

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

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Alternate Emergency Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ (please indicate if not insured)

Health Insurance Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name under which camper is insured \_\_\_\_\_

Please list and describe any current or past medical conditions or treatments received:  
(attach additional paper if necessary)

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

Does the camper have any allergic reactions to any of the following:  
(attach additional paper if necessary)

- Medication \_\_\_\_\_  
 Food \_\_\_\_\_  
 Plants \_\_\_\_\_  
 Insects \_\_\_\_\_

List any and all over-the-counter and/or prescribed medications being brought to Camp  
(attach additional paper if necessary)

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

Is the Camper permitted to participate in sports activities? YES / NO

Is the Camper permitted to swim in the 5ft end of the pool? YES / NO

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## **CAMPER REGISTRATION**

### **PROGRAM PARTICIPATION**

I, the parent/guardian of the above camper(s), understand that completion of this form with my signature grants permission for the named camper to participate in a Camp Pitt program. I release Camp Pitt staff, faculty, officers, and management from any liability and shall not hold them responsible for any lost, stolen or misplaced personal property. Camp Pitt is permitted to use video, audio, and photographic materials of named camper(s), taken while participating in or attending a camp program, to promote and market Camp Pitt and its ministry.

### **MEDICATION PERMISSION AND MEDICAL CONSENT**

I, the parent or guardian of the camper(s) named on this form, give my permission to the camp nurse and/or other authorized personnel at Camp Pitt to distribute over-the-counter remedies or medications for minor needs such as: headache, fever, minor pain, minor allergic reactions, upset stomach, minor injuries; and, to dispense prescription and over-the-counter medication designated and provided by the the parent/guardian or family physician. I, having the authority to consent for the minor's health care, do hereby delegate my authority to consent to said minor's care (named in this registration) to Camp Pitt. I grant permission for the caregiver to request and authorize any and all examinations, medical treatments, and/ or procedures to or for the benefit of the minor as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. Camp Pitt provides medical co-insurance for all participants. The family or individual medical policy will be primary. The camp's policy is secondary and will pay eligible costs as determined by the camp's insurance provider to the limit of the policy. I understand I am responsible for any medical cost that may occur on behalf of the camper.

### **CORONAVIRUS / COVID-19 WARNING AND DISCLAIMER**

Coronavirus/COVID-19 and its mutations are an extremely contagious virus that spreads easily through person-to-person contact. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Camp Pitt programs or accessing Camp Pitt facilities could increase the risk of contracting COVID-19. Camp Pitt in no way warrants that the COVID-19 infection, or any other illness, will not occur through participation in Camp Pitt programs or accessing Camp Pitt facilities.

### **REFUND POLICY**

All registrations are 100% transferable. Parents/legal guardians must request a code from the Camp Pitt office (camppittoffice@gmail.com) to transfer a registration to a new camper. Cancellations due to a medical emergency, illness, or family emergency can receive full refunds upon request and approval.

<http://camppitt.org/wp-content/uploads/2015/12/Privacy-Policy.pdf>

<https://camppitt.org/summer-camp/disciplinary-policy-and-dress-code/>

***I have read and agree with the Terms & Conditions in this online document, including the COVID-19 disclaimer, and I understand that Camp Pitt's disciplinary policy applies to my camper's participation in Camp Pitt's programs.***

PRINT: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

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