



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 9 - 14
- Middle School (6th-8th) - July 14 - 19
- Intermediate (4th-5th) - June 23 - 28
- Junior (2nd-3rd) - July 7 - 12

HALF WEEKS:

- Wilderness Camp (4th-5th) May 29 - 31
- Horse Camp (4th-5th) May 29 - 31
- Wilderness Camp (6th-8th) June 16 - 18
- Horse Camp (6th-8th) June 19 - 21
- Fishing Camp (6th-12th) July 21 - 23
- First Timers (K-1st) Ju. 30 - Jul. 2

COSTS (Early Bird ends May 1st)

Full Weeks / Half Weeks / Day Camp

\$240.00^{EB} \$120.00^{EB} \$50.00

\$260.00^{Reg.} \$130.00^{Reg.} \$50.00

Member Churches are discounted \$50.00 from Full Weeks, \$25.00 from Half Weeks, and \$10 from Day Camps.

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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