### **Health Form and Parental Release**

PLEASE READ AND COMPLETE THIS RELEASE FORM THOROUGHLY.

#### Can this camper swim?

Parent/Guardian Signature

- Yes
- Yes (ONLY with flotation device. If this option is selected **YOU**, as the parent or quardian, **must** provide device at time of drop off.) No

Is this camper in general good health and able to participate in normal camp activities? Yes

- No

If "no", please explain:

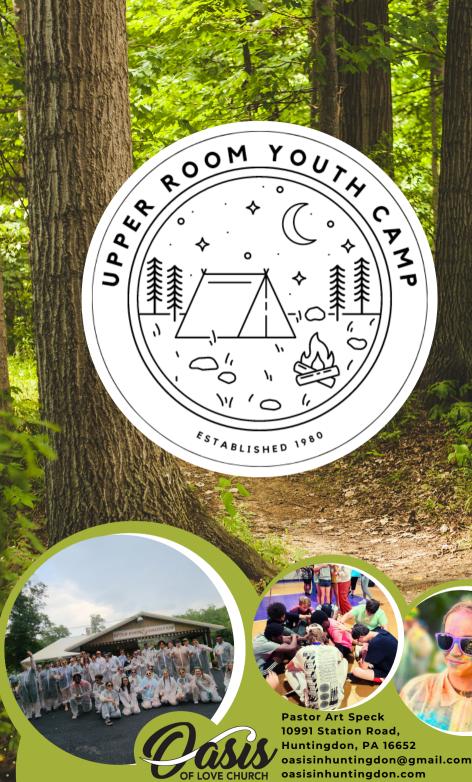
Does the camper have any medically diagnosed allergies (including food), chronic illness, or medical conditions? If ves, please describe,

Is the camper prescribed an inhaler or other medications? If yes, please provide instructions.

In case of medical emergency, I understand that every effort will be made to contact parents or guardian of camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named herein. I understand the Upper Room Camp does not carry medical or accidental insurance for the camper participants, and I hereby certify that my child, is covered by a personal insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the above named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense. In signing this registration, I hereby certify that all information is correct and give permission for the use of photographs including my son or daughter in camp publicity, for my son or daughter to be transported in camp-operated vehicles for approved out-of-camp activities, and for the release of medical records in case of illness. Liability Statement: In signing this registration, I admit my child, to participate in this camp, and I do hereby release, discharge, and hold harmless Upper Room Youth Camp, its Director and Staff of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident arising out of my son/daughter's attendance at the camp.

\_\_\_\_\_

My Name	Date
Address	
Insurance Co	Policy No



HUNTINGDON

814.627.3819

## WHY URYC?

We strive to **create an atmosphere** where youth can come and **experience** the **presence of the Holy Spirit**. We believe summer camp can be **adventurous, exciting** and **inspiring**. Our mission is that when you leave Upper Room Youth Camp, you're **energized and equipped to live boldly for Christ**. Don't miss out on this opportunity to disconnect from distractions and dive into a time with other youth that will **propel you upwards**! #uryc



### WHEN

June 23 | 3 pm registration June 27 | 2:30 pm departure **Teens (ages 13-20)** 

June 27 | 3 pm registration June 29 | 1 pm departure *Juniors (ages 8-12)* 

# WHAT TO BRING

- Bible
- Clothes (modest is hottest)
- Bedding (sleeping bag)
- Swimsuit (one piece) & gear, if needed
- Toiletries, bug spray
- You! (without your cell phone or other devices)

## COST

Early registrations **submitted by** May 15th Cost: Teen \$60 | Junior \$40

All registrations submitted after May 15th Cost: Teen \$100 | Junior \$75



Fill out both sides of this form and mail in with your non-refundable registration fee.

Make checks payable to: The Oasis of Love Church Mail to: Upper Room Youth Camp 10991 Station Road, Huntingdon, PA 16652

Select one: Teen { } Junior { }

Name:
Home Phone:
Mailing Address:
Emergency Phone:
Birthday: Age:
Gender: M or F Email:
Home church:
Pastor:
What are you most looking forward to at camp?