

# POTOMAC YOUTH CAMP 2024

## **ONLINE REGISTRATION BY CHURCH ONLY**

**(We will not accept individual registrations)**

Below is a step-by-step process to make your online registration a positive experience.

**STEP 1:** Go to [potomacyouth.com](http://potomacyouth.com), click on the youth camp page, download the registration form and distribute to your students.

**(YOU MUST USE OUR PAPER REGISTRATION FORM. IT CAN NOT BE MODIFIED IN ANY WAY!)**

**STEP 2:** Have the student and their parent fill out the form in its entirety.

**STEP 3:** Collect completed registration forms before the close of online registration. (**May 9 at 4:00PM, 2024**)

**STEP 4:** Go to [www.potomacyouth.com/youth-camp](http://www.potomacyouth.com/youth-camp). Scroll to the bottom of the page where it says "Register Here". This will take you to Brushfire, which is our online registration for camp.

**STEP 5:** You must register each student.

- Pick the week that the student will be attending.
- Answer all questions for each student  
(You can start registering students as soon as you receive there registration. Just be aware that if you register some and then a few weeks later try to register more, you may not be guaranteed a spot. Camp is first come first serve.)
- Click check out

**STEP 6:** Provide the contact information of the youth leader/person who is in charge of youth camp. This will ensure they receive the confirmation e-mail and any other correspondence from Potomac Youth Network regarding camp.

**STEP 7:** Click the submit payment button and your registration will be Complete. (You will automatically receive an e-mail confirmation)

**STEP 8:** Once you have completed the online registration, please **mail a hard copy of the Potomac Youth Camp Registration form & Release Waiver for each student to:** Potomac Youth // PO Box 603 // Haymarket, VA 20168

**YOUR CONFIRMATION WILL NOT BE COMPLETED UNTIL WE HAVE RECEIVED YOUR ORIGINAL PAPER FORMS. ALL FORMS MUST BE POSTMARKED BY MAY 16<sup>TH</sup>, 2024. IF FORMS ARE NOT TURNED IN ON TIME, YOU WILL FORFEIT YOUR SPOT WITHOUT A REFUND.**

If you have any questions feel free to e-mail us at [info@potomacyouth.com](mailto:info@potomacyouth.com)

# DATES & YOUTH CAMP POLICIES

ONLINE REGISTRATION is by CHURCH ONLY. (We will not accept individual registrations).

**\*CHURCHES MUST ONLY USE THE REGISTRATION FORM WE PROVIDE!  
THEY MAY NOT BE MODIFIED IN ANY WAY.**

## **COST & REGISTRATION DEADLINES:**

Regular Registration: \$295.00 per camper – Through May 9, 2024 @ 4:00PM

Late Registration: \$325.00 per camper – May 9 @4:01PM – May 16, 2024 @ 4:00PM

**Registrations will not be accepted after May 16, 2024, or until that week of camp is sold out.**

**SUBSTITUTIONS:** Additional \$25 substitution Fee- Up to May 30th @ 4:00PM, 2024.  
(Guy for Guy – Girl for Girl only) **Absolutely no changes after May 30 @ 4:00PM, 2024.**

You must e-mail the changes to [info@potomacyouth.com](mailto:info@potomacyouth.com)

## **CANCELLATIONS /REFUND POLICY: NO EXCEPTIONS WILL BE ALLOWED.**

Cancellations that are made by MAY 30th @ 4:00PM will receive a refund, less a \$100 cancellation fee. Cancellations made after MAY 30<sup>th</sup> @ 4:01PM will receive **NO REFUND**. All cancellations have to be e-mailed to [info@potomacyouth.com](mailto:info@potomacyouth.com).

## **REGISTRATION INCLUDES:**

Housing, meals, and a secondary health insurance.

**HOUSING:** We try our best to room students by church, but do not guarantee what room a student will be in. We do not accept roommate requests.

PYN reserves the right to refuse any applicant for legitimate reasons (including, but not limited to, age/grade, & facility capacity)

**Registration is first come first serve. Camp fills up very fast. Make sure you get your registrations in early.**

**STAFFING POLICY:** Each Church attending must send 1 staff person per 15 students. They must register as Camp Staff at, [www.potomacyouth.com/youth-camp](http://www.potomacyouth.com/youth-camp). The deadline is: May 9, 2024 @4:00PM.

*\*We strive to offer a positive camp experience, but our camp does not provide programs that are therapeutic in nature and does not specialize in physical, emotional, social, or behavioral challenges. Families will be best equipped to decide whether this camp experience is a good match for their child. Students with special needs are required to have a parent/guardian come with them as a chaperone. Due to limited resources we are not equipped to provide individual counselors for students with special needs.\**

*\*This year's camp theme will be The Best Week of Summer. So when you receive your team color bring that color for decorations and support your team. (Decoration Ideas – Things that make summer great)*

**POTOMAC YOUTH CAMP REGISTRATION FORM** (Circle: Week 1 Week 2 Week 3)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Gender At Birth (M/F) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (as of '23-'24 school year) \_\_\_\_\_

Street Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact** (If unable to reach parents during camp) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name & City of Church you are attending with \_\_\_\_\_

\_\_\_\_\_ Youth Leaders Name \_\_\_\_\_

Youth Pastor/Leader's E-mail \_\_\_\_\_

**STATEMENT OF HEALTH-TO BE COMPLETED BY PARENT OR GUARDIAN**

Insurance Carrier \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name (First & Last) \_\_\_\_\_

**CHOOSE ONE:**

Current Immunizations: **YES NO** If no, what is missing \_\_\_\_\_

Inhaler: **YES NO** Epi-pen: **YES NO** Exposed to a communicable disease: **YES NO**

Physical needs that would limit camp activities: **YES NO** Can student swim: **YES NO**

Can student use shallow end: **YES NO** Allergic to: \_\_\_\_\_

Can students be given Ibuprofen, Tylenol, or Benadryl if needed? **YES NO**

List **ALL MEDICATIONS** that student is currently taking \_\_\_\_\_

Is there any information that we should have regarding the welfare of this camper? \_\_\_\_\_

**(If explanation is needed, please explain on separate paper)**

**PARENT SIGNATURE REQUIRED-EMERGENCY TREATMENT PERMISSION**

I give the following EMERGENCY TREATMENT PERMISSION whereas I have legal custody of this child, a minor who resides with me. While this child is a registered camper at a **2024** Potomac Youth Camp, I hereby authorize any youth camp director, dean, or first aid staff responsible to consent to any x-ray, examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, VA, or MD when such a medical or surgical treatment is necessary.

**PARENT SIGNATURE** \_\_\_\_\_

I have read & agree to adhere to the conduct code & understand that willful misconduct or any breach of the conduct code will subject me to dismissal from camp at any time, day or night, at my parent's expense.

**STUDENT SIGNATURE** \_\_\_\_\_

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING PINE CREEK RETREAT CENTER FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

## Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Pine Creek Retreat Center facilities, services, equipment and premises (“Facilities”) and any participation in Pine Creek Retreat Center programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Pine Creek Retreat Center, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)

# CONDUCT CODE

1. All cars will be parked at all times. Keys must be turned in at check-in.
2. Identification Policy: Wristbands are required to be worn at all times to verify that you are authorized to be on the campus. One wristband will be received at check-in.
3. No one is to leave the campus without specific prior permission from the Director.
4. VISITOR POLICY: Our goal for this camp experience is to see each student's life impacted and changed eternally. Therefore, in an effort to limit distractions, we strongly discourage visitors. Camp is only opened to registered students and staff. Parents or guardians may be permitted for the evening service ONLY by permission of the Camp Director. Youth groups are not permitted.
5. Possession of TOBACCO products/ juul's/illegal drugs, or vaping, will result in immediate dismissal. NO alcoholic beverages, fireworks, pornographic materials, weapons (knives, scissors, sharp object s.) Possession will result in dismissal.
6. THINGS NOT TO BRING: barber shears, computer, TV, video games are not permitted & will be confiscated.
7. CELL PHONE POLICY: We do allow cell phones to be brought to camp. They are only to be used in the room during free time and after curfew. They are NOT ALLOWED OUTSIDE of the room. PYM is not responsible for lost, stolen, or broken phones. We strongly discourage bringing cell phones to camp if possible.
8. By law, prescription medications must be in their original prescription bottle in the student's name. All prescription medication must be turned in at check-in. Over the counter meds must also be in their original container. Unmarked medication will be confiscated. Staff will NOT dispense any over-the-counter medications unless permission has been given on the medical form. Students & staff should bring all medication or personal items they will need.
9. We reserve the right to inspect the contents of all rooms, and personal belongings. The staff reserves the right to hold/or dispose of improper contents.
10. Everyone must observe Christian conduct, personal cleanliness, and respect for authority, fellow campers, and their personal property. Lack of cooperation, unnecessary roughness, unwholesome attitudes, and violations of Conduct code will result in expulsion from youth camp, day/night, at the expense of parents. No refunds given!
11. Members of the opposite sex are prohibited to enter/visit each other's rooms (including relatives). No one is allowed in off limits areas.
12. The entire daily schedule must be observed by everyone. Each student will perform duties as part of the privilege of being here. Rooms and adjacent areas must be kept clean!
13. The dress code will be enforced at all times. (This will be sent in confirmation e-mail)
14. Potomac Youth Network may photograph campers & their family and may use such photographs or video for promotional publicity, historical purposes, and the like.