

Registration Form
PETROLEUM VALLEY YOUTH CENTER

251 Magnolia Road, Chicora, PA 16025

www.gopvyc.com

CAMPER INFORMATION

Name: _____

Age: ____ Birthdate: ____/____/____ Fall Grade: ____

Male Female

Address: _____

City: _____ State: ____ Zip: _____

Cell Phone: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT INFORMATION

1) Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

2) Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

TRAVEL INFORMATION

(People permitted to pick up child other than parent/guardian & emergency contacts)

NAME: _____

NAME: _____

MEDICAL INFORMATION

Food Allergies: YES NO

If yes, please list severity, triggers, and treatment:

Other Allergies: YES NO

If yes, please list severity, triggers, and treatment:

Medical Conditions: YES NO

If yes, please list and explain:

Medications: YES NO

If yes, please list with reason:

What medication may we give your child?
(Cough drops, Tylenol, Children's Benadryl, etc.)

Any Physical Restrictions: YES NO

If yes, please list restriction and reason:

Insurance Carrier: _____

Policy #: _____

Insurance Phone: _____

Policy Holder Name: _____

T-shirt Size: AS AM AL AXL

**Please note: Shirts are preordered adult sizes and preferred sizes will go to those who pay first. Campers applying after the first week of camp may not receive a t-shirt.

MEDICAL RELEASE

To the best of my knowledge this medical information is accurate. I grant permission for my child to attend camp and participate in all activities unless otherwise specified. As parent or legal guardian, I accept the conditions stated, including the release of PVYC from liability in the case of injury or illness. I give permission to the hospital and medical personnel selected by PVYC authorities to order treatment for my child. In the event I cannot be reached by PVYC, I give permission to the physician selected by PVYC to render whatever emergency treatment judged necessary, to hospitalize and secure proper treatment for the child named on this application. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature: _____

Date: _____

PHOTO RELEASE

I understand that the photograph, video and/or audio recording taken of my child by counselors, directors or other campers may be used in connection with PVYC. I grant PVYC, its employees, agents and assigns, the right to photograph my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital, or electronic publishing via the internet.

Parent Signature: _____

Date: _____

DONATION

Due to the increase in cost of operating our summer program, we humbly request a donation of \$50. This donation will help ensure that PVYC will be able to continue to operate and grow in the years to come. We understand that this amount may not be possible for all families. If your family needs help; please return the attached form. We will be happy to help as many children as possible.

- I agree to donate \$50 toward camp for my child
- I would like to contribute \$_____ towards the scholarship fund.

Donation amount: _____

Guardian Signature: _____ Date : _____

CONTRACT

Parents/guardians, please read over the following rules with your child and explain that these rules must be followed by all children at PVYC during the summer program.

1. Campers must sign in each morning and their parents/guardians or approved driver must sign them out. No child is permitted to leave PVYC outside of this procedure.
2. All campers must turn in all medications with instructions to a counselor upon arrival to camp.
3. PVYC is a drug-free, smoke-free, and alcohol-free property.
4. PVYC is not responsible for any damaged, lost or stolen items. It is highly suggested that children do not bring any valuables with them to camp and that they keep their money and cell phones in a safe place.
5. Campers should treat staff members and each other respectfully. Put-downs, foul language, fighting, and public displays of affection will not be tolerated at PVYC.
6. No weapons of any kind, including pocketknives, will be permitted at PVYC.
7. For the safety of all the campers, no one will be allowed to leave a monitored area without permission from a counselor.
8. All campers must take part in the daily activities as well as camp cleanup.
9. All equipment at PVYC must be used for its intended purpose only.
10. Music with profanities and/or immoral themes will not be permitted.

PENALTIES FOR INFRACTIONS

Penalties will be assigned based upon the severity of the infraction. Parents will be notified of the action taken. Penalties may include, but are not limited to:

- Giving verbal warning
- Removing of store privileges
- Dismissing from the camp/Fun Fridays for the length of time deemed appropriate by the staff.
- Assigning the cost of damages/repairs in the event of damage or destruction of PVYC property.
- Releasing individual(s) to the nearest law enforcement agency or proper authorities

- I understand that if a discipline problem occurs, a discipline form will be completed and sent home to be signed by a guardian.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____