

This year's theme is titled "End the Masquerade".

YAC Registration Information Page

- ***For campers: 7th – 12th Grade (Just finished 6th grade through 2025 Graduates.)***
- ***Check-in runs from 12:30-2pm on Monday; Camp ends at 1:30pm on Saturday. (June 16-12, 2025).***
 - ***Mail to:*** Keystone Conference, c/o Suzy Jewell, 2689 Frew Mill Road, New Castle, PA 16101
 - ***Please make Checks payable to...***
 - ***“Keystone Conference”***
 - ***Watch www.yaconline.com for possibility of electronic payment.***
- ***Your registration is not complete until we have these elements:***
 - ***Signed CODE OF CONDUCT form***
 - ***Copy of the MEDICAL INSURANCE CARD and***
 - ***MEDICATION FORM***
 - ***Signed and notarized Liability and Medical Release***
- ***A non-refundable registration fee of \$35 and this completed form need sent in to hold your place.***
 - ***Remainder is due at any time before OR at check-in the day YAC starts.***
- ***Take time to read the Values and Expectations Page***

Our Values and Expectations



Hello!

We are excited that you / your student is considering joining us and this summer at YAC (Youth Adventure Camp) 2025.

We want you to know that as you consider joining our week of camp a few things you can expect from us.

All of these items are based in our Core Values based in the Holy Bible and affirmed by our association with the Free Methodist Church USA (fmcusa.org)

- We will do our best to make a great and safe camp experience.
- We will be taking steps for keeping the areas clean and have hand sanitizer available various places.
- We will have masks available if you do not have one.
- You need to know that some of our events make us be in close contact.
- You will be with other staff and campers choosing to be an 'intentional community' for the week.
- We believe you were created with care by God that choose to do so. You are NOT an accident.
- You will be valued as a person created for a purpose and you are a thinking person.
- You will be respected as such. Even if you disagree you can safely share your thoughts.
- Any electronics (Not including stand alone camera) will be turned in at check-in, secured in a lock box, and will be returned to you after camp.

We expect you to also respect the values that govern us as an organization and people that have the responsibility to oversee the camp.

- We expect that you will respect the staff and other campers as people uniquely created as well.
- We ask that because of the values we hold to based in the Holy Bible that when you fill out your registration form in the area of cabin housing that the sex marked on your form is the one with which you were created and born.
- We ask that you honor the Code of Conduct that you will need to sign before YAC starts.

Thank you for reading. You are loved by Jesus and us!

YAC 2025 Registration

Camper Registration Form

For campers finishing 6th grade - graduating HS seniors

Check-in runs Monday from 12:30-2pm; Camp ends at 1:30pm on Saturday.

Mail to: Keystone Conference, c/o Suzy Jewell 2689 Frew Mill Road, New Castle, PA 16101



Please make checks payable to "Keystone Conference." A non-refundable registration fee of \$35 and this completed form need postmarked before June 7th. Balance of registration is due upon arrival. The **CODE OF CONDUCT**, a copy of **MEDICAL INSURANCE CARD** and **MEDICATION FORM** (if applicable) and **LIABILITY AND MEDICAL RELEASE** must also be completed by check-in (mail in with this form.)

Camper's Name

Age

Birthdate (mm/dd/yy)

Mailing Address

City

State

Zip code

Email

Grade Completed

F / M

Biological
Sex

T-Shirt Size

(Not guaranteed with late registration)

CABIN-MATE REQUEST (not guaranteed)

Friend's Name

Friend's Name

PARENT / LEGAL GUARDIAN INFORMATION

Father's Name

Mother's Name

Father's Day Time Phone

Mother's Day Time Phone

Father's Evening Phone

Mother's Evening Phone

Father's Email Address

Mother's Email Address

GROUP INFORMATION

(If Applicable or if you are with a group)

Church Name

Group Leader's Name

Senior Pastor

Church Phone

EMERGENCY INFORMATION **Medical Insurance** – please provide a copy (BOTH front and back) of insurance card to avoid possible denial of treatment.

Family Physician

Physician's Phone Number

Do you carry family medical / hospital insurance?

YES NO

Name of Policy Holder (not provider)

SECONDARY EMERGENCY CONTACT

In the case of an emergency, Keystone YMT will contact the parent or legal guardian immediately. If unable to reach them, please list an alternative contact

Name: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

MEDICAL INFORMATION

Please check Yes or No for each question as it relates to the camper.

If yes is checked, please give approximate dates of occurrences and indicate whether mild or severe.

Asthma	YES	NO	_____
Convulsions	YES	NO	_____
Diabetes	YES	NO	_____
Heart conditions	YES	NO	_____
Physical Limitations	YES	NO	_____
Tetanus Shot (please list date)	YES	NO	_____
Are immunizations current?	YES	NO	_____
Currently taking prescription medication?	YES	NO	_____
Allergic reactions (medical, food, insect, etc.)	YES	NO	_____
Anything else we should be aware of? (Use back of sheet if necessary)	YES	NO	_____

The local hospital requires a copy of insurance card and notarization of the parent/guardian signature granting permission for medical treatment.

LIABILITY & MEDICAL RELEASE

I, as the adult-age participant or the parent/legal guardian of the above-listed camper, am fully aware that camping activities involve risk and are sometimes stressful and physically demanding. I am aware that the Keystone Conference Youth Ministry Team and staff will use all safety precautions to insure the well-being of those participating in Keystone events but understand that even with the best of safety standards, incidents may happen which are beyond the control of the staff. Knowing these things, **I assume any risk involved, release, indemnify and hold harmless** the Keystone Conference (Free Methodist Church USA), Penn York Camp, the Keystone Conference Youth Ministry Team, these organizations' respective staff and any associated personnel from any liability, claim and costs of treatment due to accident. With my signature and certified notary seal, I authorize treatment including medicines, anesthesia, or any other medical procedures deemed necessary by hospital staff/medical professionals and the Keystone Conference Youth Ministry Team or designee.

X

Signature of Camper

Print Name

Date

X

Signature of parent/legal guardian

Print Name

Date

- I give consent for the Keystone Conference to use photographs or videos taken of me for publication and/or advertising.*
- I DO NOT give consent for the Keystone Conference to use photographs or videos taken of me for publication and/or advertising.

State of: _____ County of: _____

Subscribed and Sworn before me on this day: _____

of the Month: _____ in the year of: 20_____

Signature of Notary Public: _____

My Commission Expires: _____

Notary Seal:

Medication Form

We require a parent / guardian's authorization for the camp nurse or appointed designee to administer medications. Prescribed medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's PA/APRN's or dentist's name and date of original prescription. A separate form must be filled out **for each** prescribed medication.



CAMPER INFORMATION

Name of Child

Date of Birth

OVER-THE-COUNTER (OTC) MEDICATION

I hereby authorize the nursing personnel of the Keystone Conference YMT to act on my behalf in administering the following medication(s)

Tylenol

Ibuprofen

Advil

Benadryl

Other: _____

All OTC medications will be administered as directed on the package

PRESCRIPTION MEDICATION

Condition for which drug is being administered during camp

DRUG: name, dose, and method of administration

Relevant side effects to be observed, if any

If there are side effects, plan for management

Are any other medications being taken?

YES

NO

If Yes, name of medications

HEALTH CARE PROVIDER

Name of Health Care Provider

Phone

Address

Emergency Number

SIGNATURE / RELEASE

As parent or legal guardian of the above-named camper, I hereby authorize administration of the above medication(s) to my child by the camp nurse or designee. I understand and agree that my signature on this form constitutes a waiver of liability as dictated on the camper registration form for any injuries incurred or resulting from the administration of said medication.

X

Signature

Date

Code of Conduct



I will attend and participate in all activities that are scheduled.

I will endeavor to present myself as an excellent representative of my home, church, and camper group in attitude and behavior.

I will not use tobacco products, alcohol, drugs, weapons, or bring any thing that could potentially harm myself or someone else. If I struggle with an addiction, I will talk to someone about it knowing that they have my best interest at heart. If I do, the staff will take any necessary actions to resolve the situation.

I will not bring radios, cell phones, CD or mp3 devices, portable TV's, video games, or other electronic devices *because my interest in them may cause me to miss out on experiences that could change my life.* I understand that if I bring any of these items, I need to turn them in at check-in, they will be securely stored, and I will get them back at the end of camp.

PARENTS: *You may contact your child through at: [814] 848-9811 (Penn York Camp) for emergencies. If you have a question about this policy, please call us at: [724] 944-6151 (YAC Number - rings to a Y. M. T. person).*

I will be responsible for my belongings and treat other's belongings with care. If I should damage any camp property, I will talk with the Keystone staff and make repairs and or see that the camp is properly compensated for the damages if necessary.

I will wear appropriate attire for all activities at camp keeping in mind the type of activities and the people we are with. I will make sure my clothing keeps me covered at all times and will wear clothing that is appropriate length, and tops that are appropriate for all activities (all clothes need to keep undergarments covered at all times). I will also make sure that I have sneakers and appropriate footwear for all activities at camp (extra shoes / boots are recommended as weather dictates). **If** asked to change or to put something over inappropriate attire by staff I will do so respectfully.

***Please note that we are not the fashion police and don't wish to be bringing up this issue constantly throughout the week. Be aware that what you wear can have a negative influence on others.*

I have read the Values and Expectations page and understand what it is saying and asking. By signing I agree to these as an intentional community for the time we are together for YAC 2025.

I will be respectful of other campers and refrain from participating in pranks knowing that each camper has a unique personal history and something I do could negatively impact someone and cause him/her to miss out on possible life-changing experiences.

If the any staff finds my actions are NOT acceptable at camp, I and the YMT staff will place a call to my parents or guardian and they will provide transportation for my return home.

When leaving at the conclusion of camp, I will contact the designated staff person as a courtesy check out and for the safety of everyone.

Signature of Camper

Date

Signature of Parent / Guardian

Penn-York Camp Program Release Form updated 4/2020

For the purposes of this Consent and Release, the term Penn-York Camp Programing shall be deemed to include, but not be limited to, summer camp activities, high and low challenge course activities, rock climbing, rappelling, and all camp programs.

INTENDING TO BE LEGALLY BOUND HEREBY, I, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby fully waive and release and discharge Penn-York Camp, its agents, employees, successors, and assigns from any and all rights, claims, and actions, arising now and or in the future, out of my participation in Penn-York Camp Programing conducted by and /or under the auspices of Penn-York Camp.

I am physically fit and know of no medical or health reason why I should not participate in Penn-York Camp Programing. Additionally, I agree to make Penn-York Camp Staff aware if I have a medical condition that could inhibit my ability to participate. This could include, but is not limited to, anaphylaxis, diabetes, Asthma, current or recently broken bones, current or recent sprains, back issues, etc.

I acknowledge that participation in Penn-York Camp Programing carries with it the risk of injury. It is understood that all precautionary measures will be taken during Penn-York Camp Program operation. I agree to assume all risk of personal injury, including paralysis and death, which may occur while I am at Penn-York Camp or involved in any of Penn-York Camp's Programing. I hereby release Penn-York Camp, its owners, officers, employees, lessors, insurers, and agents, from all liability for any such personal injury that I may occur. This release even extends to injuries that may occur through the negligence of Penn-York Camp employees or other parties released.

I agree that Penn-York Camp may use pictures and videos of me for promotional purposes.

Challenge Course Participants

I acknowledge the inherent risk in Challenge Course activities. I realize that those risks include but are not limited to falls, equipment failure, bad decision-making, and holds that have become loose or damaged by other climbers. I understand that there are unforeseeable, freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to advise Penn-York Camp staff if I do any damage or notice any damage. I agree to abide by all the climbing rules, and if Penn-York Camp staff make a specific request of or instruction to me, I agree to comply.

I understand that the zipline has a 250 lb weight limit, and that it is my responsibility to inform Penn-York Camp staff if I exceed this limit. I also understand that this weight limit only applies to the zipline itself, and I can safely participate on all other Challenge Course activities.

I understand that there are many different types of climbing and additional skills are needed for these types of climbing that are not offered me at this time. I agree to seek qualified instruction before attempting any additional type of climbing.

Parents and guardians take note!

If I am a parent or guardian of a minor involved in the Penn-York Camp Programing, by signing below, I agree to indemnify and hold harmless Penn-York Camp, and the other parties released, in the event a minor member of my family sues them or any one of them. I understand that this means I will pay all fees, costs, and charges incurred by Penn-York Camp or any other party released, including attorney fees.

This release is a binding legal contract.

By signing I understand that this release is a contract. I sign it of my own free will. I also understand that this contract is sever able; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive.

Participant Name: (Print) _____

Emergency Contact: _____ Emergency Phone: _____

Medical: (Please list any medical conditions the could affect involvement in Penn-York Camp Programing – use the back if necessary)

Participant Signature: _____ Date: _____

Guardian Signature (if participant is under 18): _____

Group Leaders take note!

If I am an adult who is charge of a group of minors and is taking them for Adventure Programing, I agree to have a release like this one signed by a parent of each minor in the group. I understand that if I fail to do so, Penn-York Camp can refuse to let that minor climb or at its option, agree to let the minor climb, but that does so only because I hereby agree to assume full responsibility for the safety of that minor child, and to indemnify and hold harmless Penn-York Camp, and other parties released, if that child is injured and an action is brought on account of those injuries.

_____ (Sign)

Date

YAC Suggested Packing List



DO BRING:

- Registration forms (if not already mailed in) & remainder of cost
- Signed Code of Conduct form
- Medication(s) form and Liability and Medical Release
- Bible
- Notebook and pen/pencil
- Clothes (bring for day-time, night-time and extras in case you get wet. If you bring tight clothes also bring other looser fitting clothes to wear over your tight clothes.)
- Coat (jackets, raincoat, etc.)
- Shoes (couple of pair in case they get wet, bring sneakers - No vibrams allowed on events) Boots (if prefer for rock climbing, repelling, hiking)
- Bathroom supplies (towel, soap, toothbrush, etc.)
- Bedding (pillow, sleeping bag)
- Sunscreen / Insect repellent
- Appropriate swimwear
- Camera
- Flashlight
- Snacks
- Extra spending money (for camp store)
- Costumes for theme nights
- **Medications (see below)

DO NOT BRING:

- Clothes that do not cover you (no bare-stomachs, shorts need to be half-way between knee and thigh, no low-cut shirts or spaghetti straps, no tight clothes, etc.) - **IF YOU'RE NOT SURE, DON'T PACK IT!**
- Electronic devices (cell phones, mp3 players, iPods, portable game systems, tablets, etc.) These will be turned in, secured in a locked box, and returned to you at the end of camp
- Fireworks or weapons (Pocket knives included) Drugs, tobacco, vaping devices, or alcohol products.

***If you are medications you need to bring them in a zip-lock bag with your name on it. These medications need to remain in original bottles to ensure proper administration. At check-in, you will give your medications to the camp nurse who will make sure that you get them at the proper times. DO NOT keep them to yourself so that our nurse knows what you are taking in case of a medical emergency and to help you remember to take them at the right time.*