

Gap Girls Club Camp 2016

August 15-19

Girls Camp 2016 will be here soon! We are excited about Camp and the opportunities it brings. The week will be filled with various activities such as Bible lessons, derby cars, games, swimming, zipline and lots more.

The requirements for camp are to fill out the attached registration form and pay a small fee of \$40.00. Our church and other generous individuals help cover the rest of the cost of camp. Please make checks payable to **Mine Road Youth Ministries**. Please return registration and money to the counselor who gave you the registration or mail it to Marilyn King, 5530 Meadville Rd. Gap, Pa 17527.

We are so excited about camp and hope to see your child there! If you have any questions, please feel free to contact us.

Marilyn King {717-951-1016} or Althea Graber {717-875-6928}

Things to Bring

Bible and Journal
Rainwear
Sleeping bag/Sheets and pillow
Shoes and 7-8 changes of clothes
Washcloths and towels
ONE piece swimming suit/towels
Toothpaste, Toothbrush, soap, comb, etc.
Jacket or sweater
Flashlight

Things to Leave at Home:

Books and magazines
Radios, Ipods, CD players, MP3s, etc
Midriff shirts and sleeveless shirts
Shortest Shorts
Electronic games
Valuable Jewelry
Money
Cell Phones

Clothing Guidelines: Camp Andrews has two clothing rules: **one piece bathing suits** (wearing a shirt over a two piece bathing suit is okay) and **all tops, dresses, shirts, etc. need to have sleeves.**

Prescription Medications: We have a registered nurse on the camp premises at all times. We ask that all prescription medications and any other medications are handed in to the nurse when the campers arrive at Camp on Monday. She will see that they are properly administered.

Contacting your child: If you should need to contact your child during the week at camp, call either Marilyn or Camp Andrews (717-284-2852).

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PARENT AUTHORIZATION, COVENANT, RELEASE & INDEMNITY AGREEMENT

(Please Print)

Name of My Child: _____

Date of Birth: _____ Age: _____

Home address: _____

Name of person to contact in case of emergencies: _____

Phone # of the contact person: _____

Please list any **medicines/allergies or medical conditions** that we should know about for the safety of your child: _____

Family Physician: _____ Phone #: _____

Camp Andrews, Trips for Kids, its agents, employees, affiliates, successors, and Gap Boys and Girls Club are hereinafter collectively referred to as "Provider".

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by Provider to hospitalize and secure proper treatment as necessary for my child named above.

In consideration of permission granted my child to participate in clubs and related activities, which I acknowledge are inherently dangerous, I hereby accept unto myself all responsibility and all liability for any injury, death or other claim, loss or damage, caused by, or arising out of camping and other related activities sponsored by Provider. I hereby release and covenant with Provider that I will never, individually or as legal guardian of my child, institute any action for any injury, death or other claim, loss or damage, caused by, or arising out of camping and other related activities sponsored by Provider. I further agree to indemnify and hold Provider harmless against any and all claims, demands, actions, and causes of action (including actual attorneys' fees, costs and expenses) of my child or my child's legal guardian that may arise as a result of my child's participation in camping and other related activities sponsored by Provider. Provider is required by state law to be a reporter of any child abuse that may be suspected.

I hereby give my permission for any photography of my child on camp premises to be used in publicity for Provider.

Intending to be legally bound,

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

****both signatures of Parents/Guardians required when applicable****