



Helping Hands Day Camp, a cooperative ministry of Trinity Episcopal, Emmanuel Episcopal, Central United Methodist, First Presbyterian and Covenant Presbyterian, is for children who completed grades K through 5 during the 2018 - 19 school year. Please complete the registration form below.

Youth who have completed grades 6 to 12 are welcome to participate as well. Please complete the separate youth registration form.

Date: Monday, **July 29** to Thursday, **August 1** from 9:00 a.m. until 3:00 p.m. and Friday, **August 2** from 9:00 a.m. until noon. Additional fees may apply for campers picked up after 3:10 (M – Th) or 12:10 (F).

Location: **Covenant Presbyterian Church**, 2001 N. Coalter Street, Staunton.

Activities are Bible-based and include music, crafts, recreation, snacks and lunch. There are also cooking and mission opportunities daily.

The **cost** is **\$15.00 per camper** which pays for all activities, lunch and snacks as well as a T-shirt. Scholarships are available and families are welcome to sponsor another camper in need of financial assistance.

The **deadline for registration** is **Friday, June 14**. Registrations received after that date will be placed on a waiting list. No registrations will be accepted once camp has begun.

Please complete the information below and the permission form on the back of the registration and mail the form along with your check to Covenant Presbyterian Church, 2001 N. Coalter Street, Staunton 24401.

Transportation may be available.

For answers to questions, please email us at helpinghandsstaunton@gmail.com

Summer 2019 ~ Camper Registration Form

Camper _____

Age _____ **Gender** _____ **Grade Completed** _____

T-Shirt Size: *Child S M L XL Adult S M L XL XXL (circle size needed)*

Name of Camper's Parent or Guardian _____

Address _____

City _____ **Zip** _____ **Daytime Phone #** _____

Email Address _____

Photo Policy (check one) I DO _____ **I DO NOT** _____ **grant Helping Hands Day Camp permission to take photographs of** _____ **(Camper) for the specific purpose of inclusion in camp promotional materials. Children's names will not be used.**

Parent/Guardian Signature _____ **Date** _____

Complete form on back, please.

***Permission to attend field trips and Camper/Youth
Emergency Medical Authorization***

Please complete:

_____ (Camper/Youth) has permission to attend field trips that are part of the Helping Hands Day Camp, July 29 to August 2, 2019.

Camper/Youth _____ Date of Birth _____

Daytime Phone Numbers Parent/Guardian 1 _____

Parent/Guardian 2 _____

I, the parent/guardian authorize Helping Hands Day Camp to obtain immediate medical care for my child in the event that I cannot be reached. I also consent to any and all medical treatment including but not limited to: diagnostic tests, surgery, administration of drugs and/or hospitalization as trained medical personnel may determine, in the event that I cannot be immediately reached.

Please circle #1 or #2 below:

1. My child has no insurance, so I/we will be responsible for the payment of medical expenses.

2. Medical treatment costs are covered by

Insurance Company Name _____

Policyholder's Name _____

Identification Number _____

Camper's/Youth's Physician _____ Phone _____

Allergies/Medical Conditions/ Special Needs _____

Signature of Parent/Guardian _____ Date _____

If you would like to give Helping Hands Day Camp a love offering to help defray the costs of camp, include the gift in the check that you send with your registration. You will receive a confirmation for your gift. We are grateful for your financial support!

Mail to Covenant Presbyterian Church, 2001 N. Coalter Street, Staunton VA 24401 along with your check made out to Helping Hands Day Camp. One check per family is sufficient but each camper must have his/her own registration and permission form completed and received no later than June 14.