

What to Bring

- Personal items such as soap, toothbrush, wash cloths, towels, etc.
- Bed sheets, blankets, pillow and/or sleeping bag.
- Clothes for classes, sports, banquet, and worship. (Please make sure to reference dress code.)
- BIBLE, note pad and pencils for class use.**
- Optional: personal sports equipment, ie: ball gloves and bats may be brought by camper if desired.
- Note:** The camp provides all needed equipment for sports activities and is not responsible for personal equipment.

What NOT to Bring

- Radios / Stereos / Stereo Equipment (*If you have a iPod, MP3 player or something that uses earphones, you may bring it. Remember the camp is not responsible for such items.*)
- Any weapons, things intended for “pranks”, or fireworks are not permitted.

What to Wear

All campers must wear decent and modest clothing at all times. Do not bring items such as: shorts above the knees, halter tops, tank tops, half shirts, “see through” shirts, or biking pants/shorts. (*The cooperation of parents is greatly appreciated in this matter.*)

Serving People Since 1963

WVCYC is a non-profit organization dedicated to providing young people with a wholesome program of Bible study, spiritual growth, and personal enrichment in a Christian environment.

Each day is filled with Bible classes, worship hours, devotionals,



and Bible bowl competitions. Recreation time is carefully structured to ensure the best use of time for fun and fellowship. Selfless volunteers comprise the staff during the five weeks of camp.

"In accordance with Federal Law and the U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

CAMP REGISTRATION FORM MUST BE POST MARKED TWO WEEKS BEFORE YOUR WEEK OF CAMP OR AN EXTRA \$10.00 WILL BE CHARGED.

WVCYC Registration

2017

Where Truth and Youth Come Together.

West Virginia Christian Youth Camp
425 Youth Camp Drive
Pennsboro, WV 26415

College Week June 18-23

Sports Week (12-18) June 25-30

Senior Week (ages 14-18) July 2-8

Intermediate Week (ages 11-14) July 9-14

Junior Week (ages 7-11) July 16-21

All Age Week (ages 8-18) July 23-29

Singing Emph. Week (ages 12-18) July 30-Aug 5

Camp Telephone: 304-659-3244

www.wvcyc.com

CHECK WEEK PREFERRED:

- () College Week June 18-23
- () Sports Week (ages 12-18) June 25-30
- () Senior Week (ages 14-18) July 2-8
- () Intermediate Week (ages 11-14) July 9-14
- () Junior Week (ages 7-11) July 16-21
- () All Age Week (ages 8-18) July 23-29
- () Singing Emph. Week (ages 12-18) July 30-Aug. 5

MEDICAL INFORMATION AND CONSENT FORM:

CHILD'S NAME:

AGE: _____ MALE: ___ FEMALE: ___

ADDRESS: _____

CITY: _____ STATE: _____

ZIP _____

LAST GRADE ATTENDED: _____

CHURCH AFFILIATION: _____

PARENT/GUARDIAN:

HOME PHONE: (____) _____ - _____

WORK PHONE: (____) _____ - _____

WHO MAY PICK YOUR CHILD UP AT CAMP:

NOTIFY IN CASE OF EMERGENCY

NAME: _____

RELATIONSHIP: _____

HOME PHONE: (____) _____ - _____

WORK PHONE: (____) _____ - _____

FAMILY MEDICAL INSURANCE:

NAME OF INSURANCE: _____

POLICY NUMBER: _____

PLEASE CHECK ALL PERTINENT INFORMATION

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Frequent ear infection | <input type="checkbox"/> Poison Ivy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Insects Stings | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Heart Aliments/ Disease | |
| <input type="checkbox"/> Other medical problems _____ | |

Please check medications and dosage the nurse can give your child.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Tussin DM |
| <input type="checkbox"/> Motrin | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Aleve | <input type="checkbox"/> Midol |
| <input type="checkbox"/> Laxative | <input type="checkbox"/> Sinus Tablets |
| <input type="checkbox"/> Ibuprofen | Other _____ |

DISABILITY OR CHRONIC DISEASE: _____

DIETARY MODIFICATIONS: _____

OTHER INFORMATION: _____

DOCTOR'S NAME: _____

PHONE: (____) _____ - _____

The information provided is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities, except as noted. My child will abide by the camp rules and staff. I hereby give my permission to the camp medical staff to secure the proper medical treatment for my child in case of injury or illness.

SIGNATURE: _____

() PARENT () GUARDIAN DATE: ____/____/____

Directions to WVCYC

1. Take the Route 74 exit (Pensboro, WV) off of Rt. 50.
2. Follow Rt. 74 through Pensboro.
3. Continue on Rt. 74 for about 7 miles out of Pensboro. Follow signs for WVCYC.
4. Turn right onto Marsh Run Road and continue until you see the next sign and gate for the WVCYC.

FILL OUT THIS FORM AND MAIL TO:

Barbara Cole
808 Sycamore Avenue
Mannington, WV 26582
Phone: 304-986-1004

Please include \$10 registration fee when mailing.
 Remaining \$90 is due on the first day of camp.

Total Cost of Camp Per Week: \$100*

NOTE: Junior week will end on Friday night (July 25). Parents must pick up their children on Friday night after the banquet. There will be no Friday night campfire. Junior week campers must be age 7 when camp begins to attend.

It is our desire to never turn any camper away due to a financial concern. If special arrangements or considerations need to be made, please let Barbara Cole know by attaching a note to the registration form so that she can forward it to Board President, Nicholas Deiger.

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