



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 2021- 2022 school year. **Youth who have completed grades 6 to 12** are welcome to participate in various ways. Please complete the youth registration form.

Date: Monday, **1 August** to Friday **August 5** from 8:30 a.m. until 1:30 p.m.

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

- *Masks may be required for all participants regardless of vaccination status.*
- *All participants must comply with the COVID policy of host church.*
- *Each camper/youth must provide their own lunch and water bottle daily. Refrigeration will not be available. Water coolers will be available for refilling bottles.*

The **deadline for registration** is **Friday, June 24**. 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 2022 ~ Youth Registration Form

Youth _____ *Grade Completed* _____

Name of Youth'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* _____ *(youth) 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.

Helping Hands Youth Community Standards

Youth participation is a very important part of Helping Hands Day Camp. Below are community standards for members of the youth mission crew and the counseling staff. Please take the time to read the standards. Your signature at the bottom indicates an agreement to comply with all standards. All counselors are required to attend an in-person training session before the start of camp.

Helping Hands Day Camp Youth Community Standards

- Maintain safety of campers.
- Lead campers to activities on time.
- Interact with campers and help facilitate activities (greet campers at the start of each day, create relationships during the day and bid campers goodbye at the end of the day).
- Keep campers focused during large group activities.
- Participate in work crew activities (Mission Crew – Completed grades 6 & 7).
- Participation in all activities is required.
- No profanity is permitted.
- The dress code for youth is the same as that of school divisions.
- You may not leave camp without permission of the head counselor or director.
- Follow instructions of adult leaders.
- The “Buddy System” will be in effect at all times. Youth will be held to the same standard as the adult to camper ratio: two youth to each child at all times.

All participants must read and sign this form indicating your agreement to abide by these standards.

I understand these standards and agree to abide by them.

Youth Signature

Parent/Guardian’s Signature

Please complete the Emergency Medical Authorization that follows.

***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, 1 – 5 August 2022.

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/Counselor's Physician _____ Phone _____

Allergies/Medical Conditions/ Special Needs _____

Signature of Parent/Guardian _____ Date _____

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 Friday, June 24..