



Helping Hands Day Camp is a cooperative ministry of Emmanuel Episcopal, Central United Methodist, Second Presbyterian and Covenant Presbyterian Churches. **Youth who have completed grades 6 and up** are welcome to participate in various ways. Please complete this youth registration form.

Date: Monday, 28 July, to Friday, 1 August, from 8:30 a.m. until 1:30 p.m.

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

Each youth must provide their own lunch and water bottle daily.

Refrigeration will not be available.

Water coolers will be available for refilling bottles.

There is no fee for youth volunteers.

The deadline for registration is Friday, June 20. 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 to Covenant Presbyterian Church, P.O. Box 2948, Staunton 24402. Registrations can also be dropped off in the Covenant Presbyterian Church Office between 9 a.m. and noon Monday through Friday.

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

Summer 2025 ~ Youth Registration Form Grades 6 and up

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 the 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

1. Participation in all activities is required.
2. No profanity is permitted.
3. The dress code for youth is the same as that of school divisions.
4. You may not leave camp without permission of the head counselor or director.
5. Follow instructions of adult leaders.
6. 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).
7. Keep campers focused during large group activities.
8. Participate in work crew activities (Mission Crew – Completed grades 6 & 7).
9. The “Buddy System” will always be in effect. Youth will be held to the same standard as the adult to camper ratio: two youth to each child always. (Youth Counselors)
10. Maintain safety of campers. (Youth Counselors)
11. Lead campers to activities on time. (Youth Counselors)

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:

_____ (Youth) has permission to attend field trips that are
part of the Helping Hands Day Camp, 28 July – 1 August 2025.

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 if 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 _____

Physician _____ Phone _____

Allergies/Medical Conditions/ Special Needs _____

Signature of Parent/Guardian _____ Date _____

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