

## Health Form and Parental Release

PLEASE READ AND COMPLETE THIS RELEASE FORM THOROUGHLY.

Can this camper swim?

- ☐ Yes
- ☐ Yes (**ONLY** with flotation device.  
If this option is selected **YOU**,  
as the parent or guardian, **must**  
**provide device at time of drop off.**)
- ☐ No

Is this camper in general good health  
and able to participate in normal  
camp activities?

- ☐ Yes
- ☐ No

If "no", please explain:

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Does the camper have any medically diagnosed allergies (including food),  
chronic illness, or medical conditions? If yes, please describe.

Is the camper prescribed an inhaler or other medications? If yes, please provide  
instructions.

In case of medical emergency, I understand that every effort will be made to contact  
parents or guardian of camper. In the event that I cannot be reached, I hereby give  
permission to the physician selected by the camp leaders to hospitalize, secure  
proper treatment for, and to order injection, anesthesia or surgery for my child as  
named herein. I understand the Upper Room Camp does not carry medical or  
accidental insurance for the camper participants, and I hereby certify that my child,  
is covered by a personal insurance policy or is included in a policy which is in force.  
Further, I hereby authorize routine medical dispensary care for the above named  
camper and authorize treatment not considered routine to be referred to local  
physicians and medical facilities at my expense. In signing this registration, I hereby  
certify that all information is correct and give permission for the use of photographs  
including my son or daughter in camp publicity, for my son or daughter to be  
transported in camp-operated vehicles for approved out-of-camp activities, and  
for the release of medical records in case of illness. **Liability Statement:** In signing  
this registration, I admit my child, \_\_\_\_\_ to participate in this camp,  
and I do hereby release, discharge, and hold harmless Upper Room Youth Camp, its  
Director and Staff of and from all causes, liabilities, damages, claims, or demands  
whatsoever on account of any injury or accident arising out of my son/daughter's  
attendance at the camp.

My Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



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*Oasis*  
OF LOVE CHURCH  
HUNTINGDON

## WHY URYC?

We strive to **create an atmosphere** where youth can come and **experience** the **presence of the Holy Spirit**. We believe summer camp can be **adventurous, exciting** and **inspiring**. Our mission is that when you leave Upper Room Youth Camp, you're **energized and equipped to live boldly for Christ**. *Don't miss out on this opportunity to disconnect from distractions and dive into a time with other youth that will **propel you upwards!** #uryc*



## WHEN

June 25 | 3 pm registration  
June 29 | 2:30 pm departure  
**Teens (ages 13-20)**

June 29 | 3 pm registration  
July 1 | 1 pm departure  
**Juniors (ages 8-12)**

## WHAT TO BRING

- Bible
- Clothes (modest is hottest)
- Bedding (sleeping bag)
- Swimsuit (one piece) & gear, if needed
- Toiletries, bug spray
- You! (without your cell phone or other devices)



## COST

Early registrations **submitted by** May 15th  
**Cost: Teen \$60 | Junior \$40**

All registrations **submitted after** May 15th  
**Cost: Teen \$100 | Junior \$75**

## REGISTRATION FORM

Fill out both sides of this form and mail in with your non-refundable registration fee.

**Make checks payable to: The Oasis of Love Church**

**Mail to: Upper Room Youth Camp**

**10991 Station Road,  
Huntingdon, PA 16652**

Select one: Teen { } Junior { }

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F      Email: \_\_\_\_\_

Home church: \_\_\_\_\_

Pastor: \_\_\_\_\_

**What are you most looking forward to at camp?**

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*Please note: We cannot accommodate practices  
or other activity schedules during camp.  
Come to stay!*