

The cost of this year's camp is **\$350**. If you are one of the first 120 campers to register with a **\$50 deposit, you may attend for the ridiculously low price of \$250!** A \$50 registration fee must accompany your registration form and is non-refundable. The balance of \$200 must be paid by June 1, 2024. If you are not one of the first 125 to register for camp, you must pay the \$350 amount. A registration will not be counted until it is received at our office with a \$50 deposit attached.

NO MONEY, NO REGISTRATION!

We will provide transportation, lodging, 3 evening meals plus, we will have a camp lunch stand at greatly reduced prices.

We will be leaving early Sunday June 9th and will return late Thursday afternoon on the 13th.

You will need to bring: spending money for breakfasts and lunches, two evening meals (Sunday and Monday evening only), snacks and a beach tag, (parents we recommend approximately \$150); sun screen, and a beach towel. Feel free to bring breakfast foods (pop tarts, breakfast bars, etc.), snacks and drinks.

For more camp info go to:

www.cpym.org

And go to our EVENTS page for more details and forms for this camp.

REGISTRATION DEADLINE IS APRIL 26, 2024.

FINAL PAYMENT IS DUE JUNE 1, 2024

Join hundreds of your friends for an amazing week at Ocean City, New Jersey. Come with Central PA Youth Ministries staff and enjoy a week of fun at the beach! Not only will you enjoy the beach, there will be new friends, fun, games, food, music, small groups, beach games, and learning more about God's Word and His will for your life.

This is the one summer event you do not want to miss!

Invite your friends!

Get your registration in TODAY!

 **CENTRAL PENNSYLVANIA YOUTH MINISTRIES**

CPYM


Summer Camp²⁴

**ocean city,
new jersey**

June 9 - 13

www.cpym.org

CPYM SUMMER CAMP REGISTRATION FORM

Name _____ School _____
Address _____ City _____ State _____
Zip _____ Date of Birth _____ Grade _____ Age _____ Sex _____

HEALTH INSURANCE COMPANY: _____
GROUP NUMBER _____ POLICY NUMBER _____

I, _____, the legal parent/guardian of _____

PRINT NAME

PRINT NAME

Do hereby release Central Pennsylvania Youth Ministries from any, and all liability in case of accident or illness and authorize and medical care deemed necessary by an accredited physician, nurse or hospital while attending above mentioned function. I hereby assume all responsibility for his/her conduct, and for any damage my teen does to the camp property or any property of CPYM, with the understanding that I will pay all damages. Any violation of the Code of Conduct will mean that I must provide immediate transportation home for my child. The use or possession of alcohol, illegal drugs, any sexual conduct that is illegal, cigarette smoking, vapes, or a failure to refrain from inappropriate touching and any form of verbal or physical harassment by my child will be a violation of CPYM's code of conduct. I permit CPYM to use photographs of my child in publications and publicity material, and for inclusion in the CPYM image library. I request the camp nurse to administer the following medication to my child while attending this camp, if I have provided the appropriate paperwork. I understand that a signed medical order form from the prescribing doctor must accompany each prescription. I have attached all necessary paperwork. I request the following over the counter medications be given by the camp nurse.

Check medications your child may receive:

Acetaminophen Tums/Rolaids Caladryl Lotion Ibuprofen others please list: _____

My child has the following allergies/medical conditions that may require emergency medication: _____

X _____ Date _____ Phone # _____
Parent/Guardian Signature (in case of emergency)

YOUR SIGNATURE MUST BE NOTARIZED. This will make it possible for us to secure medical treatment if necessary.

SUBSCRIBED AND SWORN TO BEFORE ME:

This _____ Day of _____, 20____

By: _____ (seal)

Notary's printed name

X _____
Notary's Signature

Send this completed form and \$50 deposit to:

CENTRAL PENNSYLVANIA YOUTH MINISTRIES, P.O. BOX 33, THOMPSONTOWN, PA 17094

REGISTRATION WILL NOT BE ACCEPTED WITHOUT DEPOSIT!

REGISTRATION DEADLINE IS APRIL 26, 2024 – FINAL PAYMENT DUE JUNE 1, 2024