Cost: $180 before Oct 6th, 2025

A $50 non-refundable deposit must accompany your registration form to secure your spot. Rooming is limited so register before October 6th, 2025, for reduced cost. Cost after after October 6th pending spot availability ***$250*** **Make all payments payable to: CPYM**

What Is Provided:

Transportation, lodging, meals at the camp, camp activities- Rock wall. skate park, street hockey, sand volleyball, wiffleball, kickball, hiking on the 140-acre camp, basketball & climbing wall in gymnasium, ping pong, pool & carpetball in game room

What To Bring:

- **Clothing for 3days & 2 nights**
- **Fall weather clothing**
- **Athletic clothing and shoes**
- **$50-$60 for meal en route to camp and return home/Spending money for snack bar**
- **Sleeping bag & pillow**
- **Towels & toiletries**
- **Hiking Gear**

Mail your registration along with Registration Fee of $50 (which is applied to the cost) to:

CPYM

PO Box 33

Thompsontown, PA 17094

Join us for 3 fun-filled days at Camp Orchard Hill providing endless activities with your friends, getting closer to Jesus and learning what He has in store for your life!

Visit link for more info:

CPYM

Fall Retreat

@ Camp Orchard Hill

November 14-16 2025

Located at
640 Orange Rd, Dallas PA

Central PA Youth Ministries
PO Box 33
Thompsontown, PA 17094
office@cpym.org

CPYM Fall Retreat Registration Form

Roommates: 1. _____2. _____ 3._____

Name: _____School: _____

Address: _____City: _____State: _____ Zip_____

Date of Birth: _____ Grade: _____ Age: _____ Sex: _____

Health Insurance Co._____ Group #: _____ Policy # _____

I, _____ , the legal parent/guardian of _____,
Print Parent/Guardian Name **Print Child's Name**

do hereby release Central Pennsylvania Youth Ministries from any, and all liability in case of accident or illness and authorize any medical care deemed necessary by an accredited physician, nurse or hospital while attending above mention function. I hereby assume all responsibility for his/her conduct, and for any damage my child does to the camp property or 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 failure to refrain from inappropriate touching, and any form of verbal 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 medications to my child while attending this camp if I had provided the appropriate paperwork. I understand that the signed medical order form from the prescribed 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.

I understand that my child will be *supervised* by responsible adults with clearance background checks. I understand that in no event will CPYM, participating local churches, camp, staff, volunteers be held responsible for loss of property, nor injury or death due to an accident.

I do hereby give my permission to the staff of CPYM to obtain and administer such medical aid or assistance as might be required for the immediate care of my child in the event such help of any emergency nature becomes necessary. I am responsible for payment of any medical charges/expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that ALL information provided on this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

X_____ Date: _____/_____/2025 Phone #: _____-_____-_____
Parent/ Guardian Signature (in case of emergency)

Check medications your child may receive:

◯ **Acetaminophen** ◯ **Antacid** ◯ **calendry lotion** ◯ **Ibuprofen** ◯ **Benadryl** ◯ **Other_____**

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

_____

Food allergies, detailed list:

_____

Mail Registration & payment to:
Central PA Youth Ministries
P.O. Box 33
Thompsontown, PA 17094

Office Use Only:

***Total Cost: $180.00 - Amount Received: _____ = Balance Due: _____ Date: ____/____/2025**
***$250 after Monday, October 6th, 2025**