

**PENIEL
HOLINESS
CAMP**

WWW.PENIELHOLINESSCAMP.COM

Contact Information:

Youth Superintendent:

Nicole Leisure

(863) 529-4397

raysunbeam@gmail.com

Youth Evangelist:

Andy Anderson

Mail Registration forms to:

Tim & Julie Barnhart

1465 St. Charles Dr.

Streetsboro, OH 44241

(330) 626-5653

(330)807-9328

ahelpinghand05@hotmail.com

**Registration deadline by
mail: July 15, 2011**

Our cost is ONLY \$75 for preregistered youth, or \$100 for youth registering on opening day. Pre- registration forms should be mailed directly to Tim and Julie Barnhart at the address listed above. The preregistration cost is available for forms post marked no later than July 15, 2010. Please do not mail forms after that date. Cost of registration at camp is \$100.

*Checks payable to:

Peniel Holiness Association

*Checks can be dated July 21, 2011



God Movers

**Are you ready to be
MOVED by God's
CONSUMING FIRE!**

Peniel Holiness Camp

Youth Registration Form 2011

Where: Peniel Holiness Camp

When: July 21-31, 2011

Who: All Teens/13-18 years

Cost: Pre Registration \$75 for 10 days

Camp Registration \$100 or \$10 a day

Theme Verse: Therefore, since we are receiving a kingdom which cannot be shaken, let us have grace, by which we may serve God acceptably with reverence and godly fear. For our God is a consuming fire. Hebrews 12:28-29 NKJV

Please Print

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home/Cell Phone Number _____

Email _____

Date of Birth _____

Years in Peniel Youth Plan (including this Year) _____

Church Attended _____

Pastors Name _____

Registration includes the cost of insurance

Where: Peniel Holiness Camp

When: July 21-31, 2011

Who: All Teens/13-18 years

Cost: Pre Registration \$75 for 10 days

Camp Registration \$100 or \$10 a day

Things NOT to bring to Camp:

Things to bring to Camp:

2 Piece bathing suit

Bible, Notebook and Pen

Electronics of any kind

Soap, Shampoo, Toothpaste, etc.

Anything that could harm another camper

Knee Length Shorts

Belly shirts

Bathing suit

Pants or shorts with a low-cut waist line

Games to play during free time

Low cut shirts & short shorts

Money for Snack stand

Pants or shorts bearing words on backside

Bedding -twin sheets/ towels

Games to play during free time

Dress Pants, Dress Shirts, Knee length dresses

Boxers or underwear showing above beltline

(for evening services) Clothing for hot/cool or

Matches, candles, cigarettes, lighters,

rainy weather

Alcohol

RULES

1. Boys will NOT enter the Girls' dorm. Girls will NOT enter the Boys dorm.
This includes the porches also.
 2. I will be honest and obedient with counselors and others in authority.
 3. I will NOT leave the campground without permission from the Youth Program Director.
 4. I will Not bring matches, lighters, candles, cigarettes, fireworks, knives, weapons, water balloon launchers or any electronic devices to camp.
 5. I will conduct myself in accordance with the standards of morals held by this camp. There will be no smoking on the campgrounds.
 6. I understand I am to always dress modestly. Knee length shorts are permitted, however, shorts are not to be worn to any evening services. I will not wear any clothing that promotes an immoral lifestyle- (T-shirts, hats, jewelry, accessories, etc.)-or clothing that exposes the midsection.
 7. I will pay for any damage to camp or personal property for which I am personally and deliberately responsible.
- I will follow all the rules for the duration of the camp or as long as I am on the campgrounds.

Failure to comply with rules may result in expulsion from the camp program and grounds. We hereby sign that all the above registration information we have provided is accurate and we have read, understood, and will comply with all rules listed.

Child's signature _____

Parent/Guardian signature _____

MEDICAL RELEASE

In presenting my son/daughter for diagnosis and treatment, I

_____ for _____

(parent/ legal guardian) (child)

of _____ years of age give voluntary consent to the rendering of such care, including: diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as in their professional judgment be necessary.

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on my child's condition.

I have read this form and certify that I understand its contents.

I give my consent to Peniel Holiness Camp Meeting Association who will be caring for my child for the period of July 21, 2011 to July 31, 2011 to arrange for routine or emergency medical, surgical, or dental care and treatment necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Family Physicians/ Surgeons/ Pediatrician/ Orthopedist: _____

Child's Allergies (if any) _____

Medicine Child is taking: _____

Name of Healthcare Insurance Provider: _____

Group #: _____ Agreement #: _____

Parent's Address: _____

In case of emergency, I can be reached at: _____

Signature _____ Date: _____

Any other additional information that we should be aware of:

PHOTO RELEASE

I _____, do hereby give Peniel Holiness Association, their assigns, licenses, and legal representatives the irrevocable right to use my name [or any fictional name], picture, portrait, photograph, image, or voice in all forms and media and in all manners, including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that Peniel Holiness Association and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself. I am of full legal age. I have read this release and am fully familiar with its contents.

Consent for Minor

I am the parent or legal guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Name _____ Signed _____

Address _____ Date _____

Witness _____ Signed _____

Address _____ Date _____

LAKE TRIP CONSENT

On July 25, 2011, the youth will be going to Pymatuning State Park in Linesville, PA for the day by bus. The Youth Counselors and the Youth Superintendent will be attending. This will be a supervised youth event.

I _____, parent of _____, give permission for my son/daughter to go to Pymatuning State Park in Linesville, PA on Monday, July 25, 2011

_____ Date _____

Parent/ Guardian Signature