



**July 1-5, 2024**

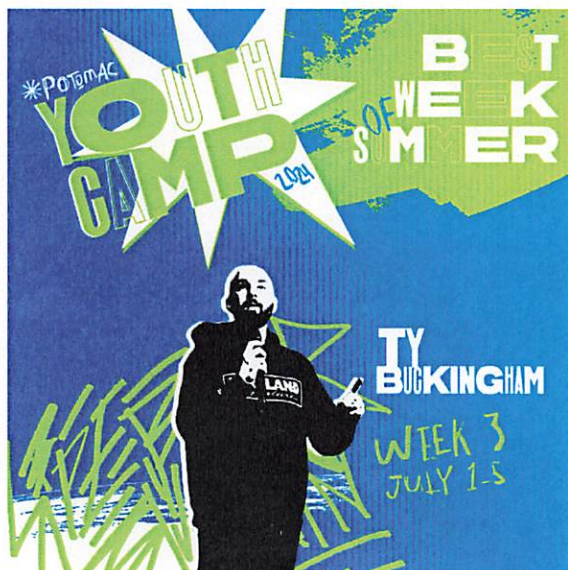
Pine Creek Camp, Gore, VA

Cost is \$295 per student

For students going into 7th grade in the fall of 2024  
up to seniors graduating in 2024.

**Application and \$100 deposit is due March 3rd.**

Final payment of \$195 is due June 5th.



**TURN IN BY MARCH 3rd**

Camp Registration Form

PYN Waiver

SCC Permission Slip

\$100 Deposit

Questions contact

Xavier at

[xbooker@southcountycare.org](mailto:xbooker@southcountycare.org)

**POTOMAC YOUTH CAMP REGISTRATION FORM** (Circle: Week 1 Week 2 **Week 3**)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Gender At Birth (M/F) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (as of '23 -'24 school year) \_\_\_\_\_

Street Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact** (If unable to reach parents during camp) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name & City of Church you are attending with \_\_\_\_\_ South County Church, Lorton, VA

\_\_\_\_\_ Youth Leaders Name Xavier Booker

Youth Pastor/Leader's E-mail xbooker@southcountycare.org

**STATEMENT OF HEALTH-TO BE COMPLETED BY PARENT OR GUARDIAN**

Insurance Carrier \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name (First & Last) \_\_\_\_\_

**CHOOSE ONE:**

Current Immunizations: YES NO If no, what is missing \_\_\_\_\_

Inhaler: YES NO Epi-pen: YES NO Exposed to a communicable disease: YES NO

Physical needs that would limit camp activities: YES NO Can student swim: YES NO

Can student use shallow end: YES NO Allergic to: \_\_\_\_\_

Can students be given Ibuprofen, Tylenol, or Benadryl if needed? YES NO

List **ALL MEDICATIONS** that student is currently taking \_\_\_\_\_

Is there any information that we should have regarding the welfare of this camper? \_\_\_\_\_

(If explanation is needed, please explain on separate paper)

**PARENT SIGNATURE REQUIRED-EMERGENCY TREATMENT PERMISSION**

I give the following EMERGENCY TREATMENT PERMISSION whereas I have legal custody of this child, a minor who resides with me. While this child is a registered camper at a 2024 Potomac Youth Camp, I hereby authorize any youth camp director, dean, or first aid staff responsible to consent to any x-ray, examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, VA, or MD when such a medical or surgical treatment is necessary.

**PARENT SIGNATURE** \_\_\_\_\_

I have read & agree to adhere to the conduct code & understand that willful misconduct or any breach of the conduct code will subject me to dismissal from camp at any time, day or night, at my parent's expense.

**STUDENT SIGNATURE** \_\_\_\_\_

# **Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING PINE CREEK RETREAT CENTER FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

## **Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Pine Creek Retreat Center facilities, services, equipment and premises ("Facilities") and any participation in Pine Creek Retreat Center programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Pine Creek Retreat Center, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)



# 2024 Parent Consent and Liability Release Form

## South County Church

Mailing Address: PO Box 1348, Lorton, VA 22199-1348

703/679-7784 ~ info@southcountycare.org ~ www.southcountycare.org

|                    |                  |
|--------------------|------------------|
| Participant's Name | Birthday         |
| Address            | City, State, Zip |
| Email Address      | Phone            |

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
To attend and participate in activities sponsored by South County Church from January 1, 2024 to December 31, 2024.

The undersigned does hereby release, forever discharge and agree to hold harmless South County Church and the members and official board thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities sponsored by South County Church.

We (I) authorize and adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by South County Church.

|                               |           |       |      |
|-------------------------------|-----------|-------|------|
| Participant's Signature       | Date      |       |      |
| Legal Guardian's Name Printed | Signature | Phone | Date |
| Father's Name Printed         | Signature | Phone | Date |
| Mother's Name Printed         | Signature | Phone | Date |

***If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.***

Do you have Medical Insurance? \_\_\_yes \_\_\_no

If yes what is your Insurance Company \_\_\_\_\_ and Policy Number \_\_\_\_\_

**On the reverse side of this page, please list any allergies or special medical problems your child may have.**

## ADDITIONAL INFORMATION

1) We will let you know that team color when we are told. The theme for 2024 is THE BEST WEEK OF SUMMER.

2) Be at the church office by 9:00 AM on Monday, July 1st. Please be sure the students have \$5-\$10 for lunch for their drive to camp.

3) Keep your packing to 1 suitcase and 1 backpack. The suitcase will be utilized for their clothing, towels, shoes, decor, toiletries, etc. And the backpack may be used for the students to keep with them in the van ride for snacks, money, phone, etc.

4). The students will be back at the church office by 2PM on Friday, July 5th. Please inform them to have \$5-\$10 for their lunch on the way back.

Parents, feel free to call me or email me with any questions you might have.

Xavier

(609) 805-3536

xbooker@southcountycare.org



## PACKING LIST

- 1) \$ for snack bar, t-shirts & offering,
- 2) clothes/undergarments/socks (clothes for outdoor sports and indoor service)
- 3) tennis Shoes for outdoor activities
- 4) bedding or sleeping bag & pillow
- 5) toiletries
- 6) beach & bath towels
- 7) flashlight
- 8) Medication in original Containers (all Medication must go to the Nurse)
- 9) decorations for your team color and the Camp theme "The Best Week of the Summer" (You will only be allowed to hang anything to the walls or bed with Painters tape!)
- 10) Sunblock & Bug Repellent
- 11) Hand Sanitizer
- 12) Bible, notebook and pen
- 13) Alarm Clock
- 14) Refillable Water Bottle

**Leave valuables at home! SCC, Pine Creek Retreat Center, PYM, and staff will not be responsible for any possessions lost or stolen.**

# **CONDUCT CODE**

1. All cars will be parked at all times. Keys must be turned in at check-in.
2. Identification Policy: Wristbands are required to be worn at all times to verify that you are authorized to be on the campus. One wristband will be received at check-in.
3. No one is to leave the campus without specific prior permission from the Director.
4. VISITOR POLICY: Our goal for this camp experience is to see each student's life impacted and changed eternally. Therefore, in an effort to limit distractions, we strongly discourage visitors. Camp is only opened to registered students and staff. Parents or guardians may be permitted for the evening service ONLY by permission of the Camp Director. Youth groups are not permitted.
5. Possession of TOBACCO products/ juul's/illegal drugs, or vaping, will result in immediate dismissal. NO alcoholic beverages, fireworks, pornographic materials, weapons (knives, scissors, sharp object s.) Possession will result in dismissal.
6. THINGS NOT TO BRING: barber shears, computer, TV, video games are not permitted & will be confiscated.
7. CELL PHONE POLICY: We do allow cell phones to be brought to camp. They are only to be used in the room during free time and after curfew. They are NOT ALLOWED OUTSIDE of the room. PYM is not responsible for lost, stolen, or broken phones. We strongly discourage bringing cell phones to camp if possible.
8. By law, prescription medications must be in their original prescription bottle in the student's name. All prescription medication must be turned in at check-in. Over the counter meds must also be in their original container. Unmarked medication will be confiscated. Staff will NOT dispense any over-the-counter medications unless permission has been given on the medical form. Students & staff should bring all medication or personal items they will need.
9. We reserve the right to inspect the contents of all rooms, and personal belongings. The staff reserves the right to hold/or dispose of improper contents.
10. Everyone must observe Christian conduct, personal cleanliness, and respect for authority, fellow campers, and their personal property. Lack of cooperation, unnecessary roughness, unwholesome attitudes, and violations of Conduct code will result in expulsion from youth camp, day/night, at the expense of parents. No refunds given!
11. Members of the opposite sex are prohibited to enter/visit each other's rooms (including relatives). No one is allowed in off limits areas.
12. The entire daily schedule must be observed by everyone. Each student will perform duties as part of the privilege of being here. Rooms and adjacent areas must be kept clean!
13. The dress code will be enforced at all times. (This will be sent in confirmation e-mail)
14. Potomac Youth Network may photograph campers & their family and may use such photographs or video for promotional publicity, historical purposes, and the like.

# Guys DRESS CODE



## DURING THE DAY:



TANK TOP



NO SIDE CUT  
TANK TOPS



T-SHIRT



SHORTS



JEANS

FOR YOUR SAFETY: TENNIS SHOES  
MUST BE WORN AT ALL TIME  
DURING SPORTS



## EVENING SERVICES:



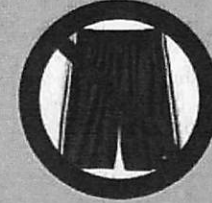
JEANS



PANTS



NICE SHORTS



NO GYM SHORTS



NO BARE FEET



T-SHIRTS



BUTTON UP SHIRTS



POLOS



NO TANK TOPS



# DRESS CODE



## ACCEPTABLE ATTIRE:



LONGER SHORTS



YOGA PANTS/LEGGINGS



CAPRIS



SKIRTS/DRESSES



T-SHIRTS  
(NO WHITE T-SHIRTS)



TANK TOPS  
(THICK STRAPS)



ONE PIECE SWIMSUIT



TANKINI

## YOU MAY *NOT* WEAR:



SPAGHETTI STRAP



LOW NECK TOP



CROP TOP



BIKINI



NO BARE FEET



SHORT SHORTS



SPANDEX SHORTS



SHORT SKIRT



SHEER LEGGINGS  
(REGULAR LEGGINGS PERMITTED)



PAJAMA PANTS  
(EXCEPT FOR BREAKFAST)

• NO VISIBLE UNDERGARMENTS

• NO HOLES IN PANTS BETWEEN WAISTBAND & EXTENDED FINGERTIPS

• NO WHITE T-SHIRTS DURING SPORTS

• ITEMS THAT ARE EXCESSIVELY TIGHT, FORM FITTING, TOO SHORT OR REVEALING MAY NOT BE WORN AT ANY TIME

• THE LENGTH OF ALL CLOTHING TO YOUR FINGERTIPS

• FOR YOUR SAFETY: TENNIS SHOES MUST BE WORN AT ALL TIME DURING SPORTS

