

PERMISSION STATEMENT

I hereby attest that I have read and reviewed this form, have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all camp activities, including travel off of property. Also, I give permission for COH to use images and recordings of my child/ward without further compensation for the purpose of promoting COH. I realize that in the event of an illness or injury while at camp or while participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless, COH, its staff and board of directors from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward in said activities.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PAYMENT & REGISTRATION

COST: \$175 per student

PAYMENT: Cash or Check (make checks payable to your group) Return completed registration form and payment to your group leader.



A WORD TO PARENTS

This summer sign up your child for the BEST WEEK EVER! Since 1972 Camp Orchard Hill has provided a fun, exciting and life-changing summer camp experience to thousands of young people.

At Camp Orchard Hill,

- your child's safety comes first and activities are designed with that in mind. In addition, we are prepared with a registered nurse on staff, certified lifeguards and staff trained in CPR and first aid.
- all counseling staff undergo a rigorous screening process including application, references, interview and state and national background checks. Then they complete an intensive training program designed to equip them to serve your child with excellence.
- our staff has character, enthusiasm and a desire to build positive, lasting relationships with your child.
- camp cabins are air-conditioned with a bathhouse and showers in close proximity.
- summer dreams are fulfilled - one amazing week at a time!

-Jim Payne
Executive Director



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WWW.CAMPORCHARDHILL.COM

BEST WEEK EVER



JUNIOR • SENIOR HIGH YOUTH CENTER WEEK

JUNE 30-JULY 5, 2019

WWW.CAMPORCHARDHILL.COM

ALL THINGS NEW

We all need hope! We all need peace! Thankfully, God's word promises us...

"Therefore, if anyone is in Christ, the new creation has come: the old has gone, the new is here!" II Corinthians 5:17

We have a promise that creation all around us will be renewed, that our physical bodies will be restored! And we have a promise that our relationship with Christ will be transformed into something new and completely glorious!

NEW DAILY SCHEDULE!

7:30	Staff Prayer	TRACKS INCLUDE:
8:30	Breakfast	Archery, Giant
9:15	Morning Rally	Swing, Climbing
9:45	Cabin Challenges	Wall, Ultimate
11:00	Morning Big Block	Frisbee,
12:30	Lunch	Dodgeball,
1:15	Track 1	Paintball, Blob,
3:00	Track 2	Lake Water Slide,
5:00	Cabin Clean-Up	Giant Swing, Pool,
5:30	Dinner	Apple Tree Cafe,
6:30	Chapel/Cabin	Family Feud,
	Discussion	Pedal Carts,
8:00	Apple Tree Cafe	Nerf Battle
	Gym	
10:00	Cabin Time	
10:30	Lights Out	

*SCHEDULE MAY VARY

**FEATURING
FOURTH OF JULY
FIREWORKS!**



FEATURED MUSICIAN/SPEAKER GEORGE MOSS

From local radio celebrity, to touring around the world with some of Christian music's biggest names, Rapper and founder of OXEN Apparel George Moss has a platform few other independent artists share.

Although making music, making clothing, and making fans are all a part of a day's work for George, nothing compares to his heart for making disciples.

Through his music, clothing, and talks, George uses his unique platform to influence people everywhere to live a lifestyle of love, understanding, and obedience to God's Word.



SCHEDULE MAY VARY

REGISTRATION

Complete this registration form and return it, with your payment, to your group leader.

CAMPER INFORMATION:

Name (First and Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: ☐ Male ☐ Female

Age (12-17): _____

Birthdate: _____

TShirt Size: YS YM YL S M L XL XXL

PARENT OR GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Local Church or Youth Center: _____

If not available in an emergency, please contact:

Name: _____

Phone: _____

PARENTS:

Please sign & date the permission statement on the reverse side of this form.