

The Catholic Church of Preston County

Please return by July 1st to St. Sebastian Church

Attn: Camp McKenna, 322 E. Main St., Kingwood, WV 26537

Email - CCPC.FaithFormation@gmail.com

FAX - 304-329-2546

Camp McKenna ~ 2026

Camper Application & Release Form (Ages 8-15 years old)

Parents: Please fill in this application completely (front and back), and sign where indicated. A fee of \$120.00 to be paid by July 1, 2026. Fee must be included with the application. Fees are non-refundable. Make checks payable to CCPC, on memo line write Camp McKenna. Deadline for application and fee is July 1.

Name: _____

Parent(s) or Legal Guardian(s): _____

Mailing Address: _____

Email Address (Parents'): _____

Phone Numbers for Parent or Guardian:

Home Phone: _____ Cell phone: _____

Church which youth attends: _____ St. Edward _____ St. Sebastian _____ St. Zita

Other (including name & location of church) _____

Birthdate: (MM/DD/YYYY): _____ / _____ / _____ Age (at time of camp) _____

Gender: _____ Male _____ Female T-Shirt Size (indicate youth or adult) _____

School: _____ Grade in August: _____

I (parent or guardian), _____, grant permission for my child, (youth's name) _____, to participate in Camp McKenna 2026. Including: swimming, canoeing, fishing, rock wall climbing, archery, and other camp activities, each having its own difficulties and risks. I give permission to photograph my child during the week for camp use, for camp photograph, and for advertising purposes. As parent or legal guardian, I remain legally responsible for any personal actions taken by the above-named child and agree that he/she will abide by all rules set by the camp staff, and that camp staff has the sole discretion to deny participation in any activity where the rules are not followed. I agree to take my child home if he/she becomes ill or his/her behavior makes it necessary for him/her to leave the camp. I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns, to hold harmless and defend the Catholic Church of Preston County and its parishes and mission, the Diocese of Wheeling-Charleston, all employees, contractors, volunteers and agents of the above groups and organizations, against and from all claims or liability arising from or in connection with my child attending Camp McKenna, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the above groups and organizations for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL RELEASE

I (parent or guardian), _____, hereby warrant, to the best of my knowledge, that my child, _____, is in good health, and I assume all responsibility for the health of my child and for any medical expenses that should arise in relation to Camp McKenna.

(signed) _____ Date: _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctors.

In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Other Phone: _____

Family Doctor: _____ Phone: _____

Insurance Carrier: _____

(signed) _____ Date: _____

Other Medical Treatment (sign one of the following two)

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

(signed) _____ Date: _____

I hereby grant permission to non-prescription medications such as Tylenol/acetaminophen, throat lozenges, cough syrup, to be given if deemed appropriate.

(signed) _____ Date: _____

Specific Medical Treatment

Prescribed medications: _____

Allergies: _____

Medically prescribed diet: _____

Physical limitations: _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting, or other conditions _____

Has the child recently been exposed to contagious diseases or conditions, such as COVID, mumps, measles, chickenpox, etc.? _____

Other medical conditions or information we should know about your child: _____
