

The Catholic Church of Preston County

Please return by July 1st, 2026, 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

Adult Counselor Application & Release Form

Please fill in this application completely (front and back), and sign where indicated.

A \$50.00 donation is suggested.

Application is due May 31, 2026. Counselors must be 18 years old. Counselors must complete all three parts of the Diocesan Safe Environment Program (criminal background check, acknowledgement of policy on sex abuse, and Virtus workshop) **BEFORE** being on the premises in Huttonsville or being a counselor. (virtusonline.org)

Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Church which you attend: St. Zita St. Edward St. Sebastian

Other (include name & location of church) _____

Gender: Male Female T-Shirt Size _____ Circle: Youth or Adult

What activities are you able to lead? _____

What skills can you offer to camp? _____

I, _____, agree to participate in Camp McKenna 2026, including: swimming, canoeing, fishing, rock wall climbing, archery, and all other camp activities, each having their own difficulties and risks. I give permission to photograph me during the week for camp use, for the camp photograph, and for advertising purposes. I remain legally responsible for my actions, and I will abide by all rules set by the camp authorities, and that camp authorities have the sole discretion to deny participation in any activity where the rules are not followed. I agree on behalf of myself, 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 while 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, _____, hereby warrant, to the best of my knowledge, that I am in good health, and I assume all responsibility for my health 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 myself to a hospital for emergency medical or surgical treatment.

In the event of any emergency, please 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 myself 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: _____

Have you recently been exposed to contagious diseases or conditions, such as COVID, mumps, measles, chickenpox, etc.? _____

Other medical conditions or information we should know about? _____