

CAMP WATAKAMINI

Resident Summer Camp
June 21st - June 27th, 2026



Established over 75 years ago, Camp Watakamini has been the host for thousands of children in the Mon Valley and beyond. Children spend a week in the mountains of Forbes State Forest and Laurel Hill State Park. The volunteer staff's goal is to help your child enjoy a wonderful & safe outdoor experience!

1st Child - \$325

2nd Child - \$275

3rd Child - \$225

*** Discount available if paid in full before April 30th, 2026 ***

**If you're interested in sending your child(ren)
please ask for more info on Camp Watakamini!**

*** Mon Valley Youth & Teen Association, Inc. does not promote any religion, religious beliefs, or non-beliefs. Songs sung by the members of MVYATA are a tradition of more than 75 years and may reference both secular and non-secular lyrics. Alternate words can be substituted in the songs if any religious connotations do not align with the beliefs or non-beliefs of your household. You and your child(ren) may also choose not to participate in the singing of these songs while respecting others. ***

MON VALLEY YOUTH & TEEN ASSOCIATION INC.



**JUNE 8TH, 2026
THROUGH
JUNE 12TH, 2026**

ST ANDREW'S PICNIC GROUNDS • 1 PARK ROAD, DONORA PA
WWW.MVYATA.COM • WWW.FACEBOOK.COM/MVYATA

EMAIL - MVYATA@COMCAST.NET

PHONE NUMBER - 724-379-4889

OFFICE HOURS - MONDAY-FRIDAY 10AM-2PM

MVYATA ADDRESS - 160 THOMPSON AVE, DONORA PA

Mon Valley Youth and Teen Association, Inc.
Invites Boys & Girls Ages 4 Years Old Through 5th Grade

Day Camp 2026

June 8th - June 12th 10AM - 3PM

*****PLEASE BE ON TIME*****

St. Andrew's Picnic Grounds

1 Park Manor Road, Donora, PA, 15033

CAMP FEE

- **\$50 (includes beverages, snacks, program materials, entertainment), 2nd Child - \$45, 3rd Child - \$40**

All campers must bring a bagged lunch daily Monday, Tuesday, Wednesday, and Thursday. Friday will be Pizza Day but you may choose to send a bagged lunch if your camper doesn't like pizza! Also, send a plastic drinking bottle daily with the camper's name written on it. Transportation to and from the picnic grounds will be the responsibility of the parent/guardian.

REGISTRATION INFORMATION

Bring or mail completed registration form, along with any applicable fee, and a copy of your camper's medical insurance card to the Mon Valley Youth and Teen Association's office before Wednesday May 20, 2026 (T-Shirts need to be ordered).

Make checks payable to:

Mon Valley Youth and Teen Association, Inc

Complete this form and return it with the appropriate fee. Keep other half for reference.

DAY CAMP 2026

(PLEASE PRINT)

Camper's Name _____ Date of Birth _____ Age _____ Sex _____

Address _____ Grade completed in 2026 _____

_____ Zip _____ Phone Number _____

E-Mail Address _____

Emergency phone number where parent/guardian can be reached and/or person to contact and phone number if parent/guardian cannot be reached:

Name any known allergens _____ Food _____

Drugs _____ Animals _____ Bees/Insect bites _____

Explain reaction and medication used _____

Is your child currently on medication? ____ If yes, what? _____

If your child is bringing medication to camp, it must be in the original bottle with the name of the medication, direction for administration, and the camper's name clearly visible.

ALL MEDICATION MUST BE GIVEN TO THE CAMP FIRST AID PERSONNEL UPON ARRIVAL TO CAMP

• Parent/Guardian - Your signature below indicates the approval of the following:

It is my desire that my child _____ attend MVYATA Day Camp at St Andrews Picnic Grounds, Donora, PA, 15033 June 8-12, 2026. I understand that I will be responsible for transporting my child to and from camp, and should it be necessary for emergency reasons, I give permission for my child to be transported by Mon Valley Youth and Teen Association, Inc. I hereby waive any claims against Mon Valley Youth and Teen Association, Inc., for any and all causes which may arise in connection with the attendance at Day Camp, or with any activities thereof. I understand that Mon Valley Youth and Teen Association, Inc. will take every precaution to ensure the safety of my child. In case of apparent illness or accident, I desire that my child be taken to a reliable hospital and given necessary medical treatment at once. I also desire that such notification be sent to me immediately. In the event that any photographs are taken during participation in programs or activities I agree that they can be used as part of Mon Valley Youth and Teen Association's promotional materials.

Signature of Parent or Guardian _____

Date _____ Amount Enclosed _____

DON'T FORGET TO MARK T-SHIRT SIZE (please check only one)

YOUTH - SM _____ MED _____ LG _____

ADULT - SM _____ MED _____ LG _____ XL _____ XXL _____