



MON VALLEY YOUTH AND TEEN ASSOCIATION, INC.

160 Thompson Avenue, Donora, PA 15033
 PHONE: (724) 379-4889 FAX: (724) 379-8122
mvyata@comcast.net <https://www.mvyata.org>

CHARITY OF EXCELLENCE WASHINGTON COUNTY
 COMMUNITY FOUNDATION

PARTNER AGENCY OF THE MON VALLEY UNITED WAY

WATAKAMINI CAMPERS MUST HAVE A HEALTH / PHYSICAL EXAMINATION
 WITHIN THE PAST 12 MONTHS - **NO PHYSICALS WILL BE GIVEN AT CAMP**

RESIDENT CAMP FORM

| YEAR

FEE **\$325.00** for the FIRST Camper
 \$50.00 OFF for each additional Camper
 Complete payment must be rendered by: **05/31/2026**
 Additional \$25.00 off for each Camper if paid in full by 04/30/2026

BUS @ Youth and Teen Center - Donora
 Driving to Camp Driving from Camp
*** Transportation**
 (Check all that apply)

Camper * LAST Name _____

Information * First Name _____

Address _____

*** IS MANDATORY** * City _____

* State _____

* ZIP Code _____

* Biological Sex _____

* Grade Completed in June _____

* Birth Date _____

* Camper Swim Level Non-Swimmer Beginner Swimmer

* T-Shirt Size _____

DB RecID	OFFICE USE ONLY	Balance Due
<input type="checkbox"/> 1st325 <input type="checkbox"/> 2nd275 <input type="checkbox"/> 3rd225 <input type="checkbox"/> 4th175 <input type="checkbox"/> 5th125 <input type="checkbox"/> Other	FEE + Adjustment	(Family Name)
<input type="checkbox"/> 1st150 <input type="checkbox"/> 2nd050 <input type="checkbox"/> 3rd050 <input type="checkbox"/> 4th050 <input type="checkbox"/> 5th050 <input type="checkbox"/> Other	Volunteer	(Family Name)
<input type="checkbox"/> Campership <input type="checkbox"/> Other	Discount	(Note)
DATE	Deposit	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> E-Pay <input type="checkbox"/> Other
DATE	Payment	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> E-Pay <input type="checkbox"/> Other
Documentation <input type="checkbox"/> Doctor Physical Exam <input type="checkbox"/> Health Insurance Card / Waiver		

* Parent / Guardian Name _____

* Parent / Guardian Telephone _____

Parent / Guardian Email _____

* Emergency Contact (Other than the Parent / Guardian) _____

* Emergency Contact Relationship to the Camper _____

* Emerg. Contact Telephone _____

* Parent / Guardian Last 4 SSN _____

* Owner of Last 4 SSN _____

Health History - *The more information you provide, the better we are able to ensure proper care.*

Allergy 0

Anaphylaxis Yes (True) No (False)

Reaction _____

Severity Minor Medium Major Severe

Treatment _____

Date of Last Reaction _____

Allergy 1

Anaphylaxis Yes (True) No (False)

Reaction _____

Severity Minor Medium Major Severe

Treatment _____

Date of Last Reaction _____

Allergy 2

Anaphylaxis Yes (True) No (False)

Reaction _____

Severity Minor Medium Major Severe

Treatment _____

Date of Last Reaction _____

Allergy 3

Anaphylaxis Yes (True) No (False)

Reaction _____

Severity Minor Medium Major Severe

Treatment _____

Date of Last Reaction _____

Medical Condition 0

Effects of the Condition

Medical Condition 1

Effects of the Condition

Medical Condition 2

Effects of the Condition

Medical Condition 3

Effects of the Condition

ALL Campers Are Required to Complete the Medication Info., Health Insurance and Physical Exam.

Email mvyata@comcast.net / Fax / Copy a picture of the current **Health Insurance Provider card** (*Front and Back*), **AND**, the **Doctors signed Physical Exam** form for the individual being registered.

If the individual being registered **DOES NOT have Health Insurance** and **will be SELF PAY**, in the event of an Emergency Room visit, then please **write / email a picture of a signed note** stating that fact. The note **must read** similar to the following:

I, [Parent / Guardian / Self if over 18yo], **do not currently have Health Insurance and will self pay for** [Camper Name] **in the event of an emergency.** {Signature of Parent / Guardian} [DATE]

Medication 0

EpiPen Yes (True) No (False)

Inhaler Yes (True) No (False)

Purpose

Dosage

Special Instructions

RX Schedule AM (Morning) PM (Evening) As Needed Other

Medication 1

EpiPen Yes (True) No (False)

Inhaler Yes (True) No (False)

Purpose

Dosage

Special Instructions

RX Schedule AM (Morning) PM (Evening) As Needed Other

Medication 2

EpiPen Yes (True) No (False)

Inhaler Yes (True) No (False)

Purpose

Dosage

Special Instructions

RX Schedule AM (Morning) PM (Evening) As Needed Other

Medication 3EpiPen Yes (True) No (False)Inhaler Yes (True) No (False)

Purpose

Dosage

Special Instructions

RX Schedule AM (Morning) PM (Evening) As Needed Other**Medication 4**EpiPen Yes (True) No (False)Inhaler Yes (True) No (False)

Purpose

Dosage

Special Instructions

RX Schedule AM (Morning) PM (Evening) As Needed Other**Medication 5**EpiPen Yes (True) No (False)Inhaler Yes (True) No (False)

Purpose

Dosage

Special Instructions

RX Schedule AM (Morning) PM (Evening) As Needed Other**What OTC Products is the Camper allowed to take, if needed?**Tylenol Yes (True) No (False)Aspirin Yes (True) No (False)Ibuprofen Yes (True) No (False)Benadryl Yes (True) No (False)Sudafed Yes (True) No (False)Robitussin Yes (True) No (False)Tums Yes (True) No (False)Imodium Yes (True) No (False)Dramamine Yes (True) No (False)Skin Ointments Yes (True) No (False)Laxatives Yes (True) No (False)

Other

**Hold Harmless Agreement for Participation in
MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. Programs**

This Hold Harmless Agreement (“Agreement”) is entered into by and between:
Parent / Guardian
Camper / Student / Individual

In consideration of the child’s participation in MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. program(s), the undersigned parent or legal guardian agrees to the following:

*** Assumption of Risk**

I understand that participation in this program may involve physical activity and interaction with other children, which carries inherent risks. I voluntarily assume all risks associated with my child’s participation.

*** Release and Waiver**

I hereby release, waive, and discharge MON VALLEY YOUTH AND TEEN ASSOCIATION, INC., its officers, employees, volunteers, and agents from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury that may be sustained by my child or myself while participating in the program(s).

*** Indemnification**

I agree to indemnify and hold harmless MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. from any claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees, brought as a result of my child’s participation in the program.

*** Medical Treatment**

In the event of an emergency, I authorize MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. to secure medical treatment for my child. I agree to be responsible for any costs incurred for such treatment.

*** Acknowledgment of Understanding**

I have read this Agreement and understand its terms. I acknowledge that I am digitally signing this Agreement voluntarily and that it is legally binding. A paper Agreement can be signed instead upon request.

*** Affirmation of Identity and Acknowledgment of Legal Consequences**

By signing your full name below, you affirm under penalty of perjury that you are the individual you claim to be. Knowingly misrepresenting your identity may constitute fraud, which is a criminal offense subject to penalties under applicable law, including potential fines and imprisonment.

*** Acknowledgment of Understanding**

I have read this Agreement and understand its terms. I acknowledge that I am signing this Agreement voluntarily and that it is legally binding.

***** Sign your FULL NAME**

By typing my name, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature. I certify that I am the person I claim to be.

Communicable Disease Disclaimer for MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. Programs

*** Communicable Disease Notice**

Participation in Camp Watakamini involves activities and living arrangements that take place in close quarters, including shared cabins, dining spaces, and group programming. These conditions may increase the likelihood of exposure to common microbes and communicable illnesses.

*** Assumption of Risk**

By attending Camp Watakamini, campers and their parents/guardians acknowledge and accept that exposure to contagious pathogens—including but not limited to influenza, rhinovirus, SARS-CoV-2 (COVID-19), norovirus, and other viral or bacterial agents—may occur despite reasonable preventive measures.

*** Limitation of Liability**

Camp Watakamini implements health and safety practices consistent with current public-health guidance; however, no environment can be guaranteed free from communicable diseases. Therefore, Camp Watakamini, its staff, volunteers, and affiliated organizations are **** not responsible for the transmission of microbes or illnesses **** that may occur during camp participation.

*** Personal Responsibility**

Campers and their families agree to follow all camp health protocols, including reporting symptoms, complying with isolation or medical recommendations, and practicing good hygiene. Attendance at camp constitutes acceptance of these terms and acknowledgment of the inherent risks associated with group settings.

WATAKAMINI - RESIDENT CAMP

Information

- EVERY CAMPER MUST PROVIDE PROOF OF A PHYSICAL EXAM WITHIN THE PAST 12 MONTHS (Required by the State of Pennsylvania)
- NO PHYSICALS WILL BE GIVEN AT CAMP
- ALL MEDICATION MUST BE GIVEN TO CAMP FIRST AID PERSONNEL UPON ARRIVAL TO CAMP
- Campers not riding the BUS transportation will be screened for illness and/or communicable disease (IE. lice, scabies, rash, etc...) upon arrival. Campers riding the BUS will be screened for illness and/or communicable disease (IE. lice, scabies, rash, etc...) at the Mon Valley Youth and Teen center in Donora. In the event of detection, the camper **WILL NOT BE ALLOWED TO ATTEND** until treatment is complete and cleared by camp personnel, or, Doctor's release note.

Camp Programs REFUND Conditions

- If the session is filled or canceled
- In the event of severe illness or death in the the family
- For medical reasons, doctors excuse provided to Mon Valley Youth and Teen Association, Inc. and/or unresolved communicable disease(s)
- A written cancellation of camp registration provided no later than two weeks prior to the start date of the camp program.
- Special circumstances, to be determined by the Camp Committee

Youth Program Permission Slip and Enrollment Agreement

1. Permission to Participate

I, the undersigned parent or legal guardian, give permission for my child to participate in the MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. youth program(s). I understand the program may include physical activities, group interaction, and supervised excursions.

2. Enrollment Conditions

I understand that submission of this form DOES NOT guarantee enrollment. A place will only be reserved once full payment is received and all required forms and information are submitted. Enrollment is first-come, first-served and subject to availability.

3. Photo and Media Release

I understand that MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. may photograph or record program activities for promotional, educational, or archival purposes. These images may be used in print, online, or other media formats

If I do not wish for my child to be photographed or recorded, I must submit a written request to MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. prior to the start of the program. Absent such written notice, I grant permission for my child's image and likeness to be used as described above.

4. Transportation Consent

I authorize MON VALLEY YOUTH AND TEEN ASSOCIATION, INC. to transport my child for program-related activities, including field trips or emergency situations.

5. Behavior Expectations

I understand that my child is expected to follow all program rules and behave respectfully toward staff and peers. Disruptive or unsafe behavior may result in dismissal from the program WITHOUT REFUND.

6. Liability and Conduct

Mon Valley Youth and Teen Association, Inc. shall not be held liable for any loss, theft, or damage to personal property belonging to attendees. Parents or legal guardians shall be held financially responsible for any damage caused by their child to buildings, grounds, equipment, vehicles, or the personal property of other attendees.

I acknowledge and authorize Mon Valley Youth and Teen Association, Inc. and/or Law Enforcement officials to conduct searches of attendees' personal belongings at any time, if deemed necessary, for the purpose of identifying and removing illegal or inappropriate materials.

7. Religious Neutrality and Song Participation

Mon Valley Youth and Teen Association, Inc. does not endorse, promote, or oppose any religion, religious belief, or non-belief. Songs performed by members are part of a longstanding tradition exceeding 75 years and may contain both secular and non-secular references.

These lyrics are not fixed and may be adapted to promote inclusivity and reduce potential offense. Attendees are encouraged to submit any concerns or complaints regarding song content in writing to Mon Valley Youth and Teen Association, Inc. officials.

Participation in singing activities is voluntary. Attendees may opt out of singing while maintaining respect for others who choose to participate.

8. Watercraft Rental Authorization (RESIDENT CAMP TEENS ONLY)

I hereby grant permission for my child (hereinafter referred to as "Camper") to rent and operate a watercraft at Laurel Hill State Park. I further authorize representatives of Mon Valley Youth and Teen Association, Inc. (MVYATA) to sign any required release or waiver forms at the Laurel Hill State Park concession stand on behalf of my Camper for the purpose of renting said watercraft.

Acknowledgment and Signature

I affirm under penalty of perjury that you are the individual you claim to be. Knowingly misrepresenting your identity may constitute fraud, which is a criminal offense subject to penalties under applicable law, including potential fines and imprisonment.

By signing below, I confirm that I have read and understood this agreement.
I certify that the information provided is accurate and complete.

***** Sign your FULL NAME**

By typing my name, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature. I certify that I am the person I claim to be.

Mon Valley Youth and Teen Association, Inc. does not and shall not discriminate on the basis of race, color, religion (creed), gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status, in any of its activities or operations.

Render payment by cash or check to:
Mon Valley Youth and Teen Association, Inc.
160 Thompson Avenue
Donora, PA 15033
(724) 379-4889
<https://mvyata.org>

ONLINE via **PayPal** to: mvyata@comcast.net
Please add to the PayPal note the Camper NAME, Address and ZIP CODE

Resident Camp (Watakamini)
- 1st Camper



Resident Camp (Watakamini)
- 2nd Camper



Resident Camp (Watakamini)
- 3rd Camper



Resident Camp (Watakamini)
- 4th Camper



Resident Camp (Watakamini)
- 5th Camper



Mon Valley Youth and Teen Association, Inc.

160 Thompson Avenue

Donora, PA 15033

(724) 379-4889

**TO BE COMPLETED BY A
LICENSED HEALTHCARE PROVIDER**



PHYSICAL EXAMINATION

Name: _____

Date: _____

The above individual is in good health:

<input type="checkbox"/>	Height	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	Weight	<input type="checkbox"/>	Ears
<input type="checkbox"/>	Heart	<input type="checkbox"/>	Sinuses
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	Communicable Diseases
<input type="checkbox"/>	Throat	<input type="checkbox"/>	Other

I find the above individual able to take part in camp activities with the following EXCEPTIONS:

<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Athletics
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating

Date of last tetanus injection: _____

Physician Information:

Licensed Professional: Name: (Last, First, Middle Initial)	
Address:	
City:	
State:	
Zip:	
Phone Number:	

This person is in satisfactory condition and may engage in all usual activities, including physically demanding activities excepted as noted.

Signature of Licensed Healthcare Provider:

Date: _____