

INSTRUCTIONS: PLEASE FILL OUT THE SECOND PAGE ONLINE AND THEN PRINT TWO COPIES OF THE REGISTRATION FORM. KEEP ONE COPY FOR YOUR RECORDS AND MAIL THE SECOND TO PYOCA CAMP, CONFERENCE AND RETREAT CENTER WITH FULL PAYMENT AND PARENT/GUARDIAN SIGNATURE AT LEAST TWO WEEKS BEFORE THE PROGRAM WHICH YOU ARE ATTENDING.

About Pyoca

Pyoca is the summer outdoor ministry program of Whitewater Valley and Ohio Valley Presbyteries. We have been providing quality summer programming for 57 years in south central Indiana. Our programs offer overnight camping experiences for youth entering grades two through 12. Our Core Values have defined our goal to provide developmentally appropriate activities for each age group and to offer opportunities to build meaningful relationships with peers, camp counselors and with God through community-oriented fellowship and Bible study. The programs have been developed and staffed to meet this goal.

Core Values of Pyoca:

1. Provide Christian faith development.
2. Provide leadership development.
3. Provide personal growth and understanding.
4. Provide for life skill appreciation.
5. Provide for appreciation for God's creation through experiential opportunities.
6. To accept people as they are.

The Campers

Pyoca programs are open to all youth. There is no discrimination or exclusion from programs on the basis of race, national origin, color, sex, age, or disability

The Staff

Each year, over 150 adult and teenage volunteers make this camp a special place to all who attend. Each week, a volunteer director is on site to assist with the leadership for that week. In addition, Pyoca hires 16 college-age students to be cabin counselors or support staff. These college youth work side by side with the volunteers to assist in the camp's mission. All staff are dedicated Christians who have been carefully screened, selected and trained to ensure a safe, exciting and meaningful camp experience. All of the Pyoca staff are certified in first aid and CPR.

Insurance

Pyoca provides primary insurance for all campers while they are at camp. The cost of insurance is included in the camper fee.

Scholarship Assistance

Many local churches provide financial help to children and youth from their congregations who wish to attend a Christian camp. If you need additional assistance, Pyoca manages two scholarship funds. We ask those who are able to consider a small contribution to these funds as a part of their registration payment. This will allow us to offer this quality experience to campers who otherwise could not afford to attend.

High Ropes Course and Climbing Tower

Campers entering seventh grade may have the opportunity to experience the high ropes course. Campers entering the fourth grade may participate in our climbing tower program. These experiences are designed to promote self-confidence and allow participants the opportunity to grow and share their experience with others. This is a "challenge by choice" activity, which means the campers decide how far they will go on the course. Parental permission is implied provided the parent signs the release form without restrictions.

Health and Safety

The health and safety of our campers is monitored and maintained at all times. Camp programs are not without risk. With careful attention to safety procedures and a mature staff, we aim to minimize risk while offering a fun and challenging program. Pyoca has a volunteer health care professional on site during each program. Complete medical facilities are available at Memorial Hospital in Seymour.

Opening and Closing of Camp

All camp programs begin on the scheduled day with registration beginning at 4pm.

Pyoca 5-day programs will conclude with a family barbeque beginning at 5:30pm and a worship service ending at 6:30pm on the scheduled date. 2nd and 3rd Grade Explorers will conclude with a family program at 10am on the scheduled date. Please contact the individual churches for the departure times for all non-Pyoca summer programs.

Contact with Campers

Calling or visiting your child while he or she is at camp is discouraged, and campers are not permitted to make phone calls or allowed to e-mail. Mail from home is always welcome (sent by stamp, fax or e-mail*) and we will take emergency phone messages. The camper e-mail (camper@pyoca.org) is printed and delivered at dinner with the regular post so be sure to include their full name in the subject .

***Due to the large volume of e-mails, we ask families to limit e-mails to no more than three per week, with NO file or picture attachments.**

Roommates

It is recognized that some campers may wish to have a specific roommate while at camp. Yet, part of the camp experience is making new friends and developing a community within the group. You may request **ONE** roommate. Siblings are generally placed in separate cabins so both can grow and share on their own.

Refund Policy

Refunds for campers who contact Pyoca 30 days in advance will receive a full refund less a \$30 processing fee. Campers canceling 10-29 days in advance will receive a 50% refund. Those canceling less than 10 days in advance will not receive a refund. Refunds for medical reasons will be honored less a \$30 processing fee.

****All of this information can be found on our website at www.pyoca.org****



Summer Camp Registration Form 2010



First Name		Last Name		Camper ID Number
Grade as of September 2010	Date of Birth Month Day Year		Age	Gender M F
Street address		Camper e-mail		
City		State	Zip	
Parents/Guardian Names (Please list both names and relationship if not parent)			Home phone #	
Cell phone #	Work phone #	Parent e-mails		
Emergency Contact Name		Contact's Relation to Camper		
Home Phone #	Cell Phone #		Work Phone #	
Camp Program Name/Date/Fee				
Roommate request (Only 1 roommate request please)		Home Church		
Special needs /medical concerns of camper:				

The camper listed above has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I also release Pyoca to use my/my child's photographs in future publications.

Signature of Parent/Guardian

Date

Mail to:

Pyoca, Camp, Conference, and Retreat Center
886 East CR 100 South
Brownstown, IN 47220

For office use only:	
Amnt Received: _____	Date Received: _____