



## Let's Keep the Party Going: Adventure Camp is July 27-31!

What an AMAZING 40th Birthday we just celebrated for Day Camp! Though Adventure Camp is only in its 9th year– that's still a reason to party! Adventure Camp is an opportunity for teens to return to camp and build on the experiences and friendships started at Day Camp. This event is open to teens in rising grades 7-12th. Priority is given to teens that attended Day Camp 2025. When we reach capacity we will have to turn campers away!

**RSVP today!** *Final headcount needed by July 18!* **Cost: \$125\*** per camper.

*\* For those unable to pay the full amount, we can scholarship up to 30% of the registration fee.*

### HERE'S THE PLAN\*:

#### Sunday, July 27

Campers arrive beginning at 3pm. Don't forget to bring your signed paperwork & payment!

#### Monday, July 28

Massanutten Resort Water Park.

#### Tuesday, July 29

Sunset hike to Eagle Rock on Tuscarora Trail.

#### Wednesday, July 30

Picnic & River Swimming at Shenandoah State Park in Front Royal, VA.

#### Thursday, July 31

Camper pick-up by 10am.

*\*Plans are subject to change based on weather conditions/ safety concerns.*

**Don't be Tardy to the Party!**

**We need a YES by July 18th**





# RSVP by July 18!

By Email: [info@camppaddyrun.org](mailto:info@camppaddyrun.org)

Call or Text: 540-692-9029

OR notify Lori or Addy through  
Social Media or text.

## DETAILS

**CAMPER DROP-OFF: SUNDAY, July 27th, starting at 3:00 pm**

Campers arrive no earlier than 3pm; let us know if you plan to arrive late or will miss dinner at 5:30pm.  
**DO NOT FORGET TO BRING YOUR SIGNED REGISTRATION FORM & PAYMENT WITH YOU!**

**CAMPER PICK-UP: THURSDAY, July 31st, no later than 10:00 am**

### Code of Conduct:

Campers are expected to conduct themselves in a Christian manner— respecting God, the adult supervisors, one another, and camp property. Behavior not honoring this expectation will NOT be tolerated; this includes inappropriate language, displays of affection, media with explicit content and illegal substances. **In the event of a disciplinary issue, you will be asked to pick up your child immediately.**

### What to Bring:

- Small backpack or tote
- Headlamp or flashlight for hike, if you have one.
- Reusable plastic water bottles
- Swimsuit (T-shirts must be worn with bikinis )
- Sleeping bag or bedding, and pillow.
- Toiletries and Towel
- Medications—must be given to the **Camp Nurse, on staff all week.**
- Bug Spray & Sunblock, Hat
- Bring clothes suitable for hot summer days as well as cool evenings in the mountains
- Hiking boots, sneakers, or comfortable walking shoes.

### Also OK to Bring:

Personal money to use at Water Park. *Lunch will be provided.*

Guitar, outdoor games or board games, sporting equipment, your personal Bible ( we have several copies available at camp. )

### What NOT to Bring:

We highly recommend **not** bringing electrical devices and valuable items to camp! Camp Paddy Run is not responsible for damaged or missing belongings. This includes laptops, gaming devices, tablets and cell phones.

Campers bringing their own cell phones are responsible for them at all times and will be asked to limit their use while at camp. Staff will have their personal phones available at all times for emergencies.

**Please PRINT OUT & bring to camp  
the Registration Form on Page 4-5  
of this document!**

# Adventure Camp at Camp Paddy Run

Sunday, July 27– Thursday, July 31, 2025 | *an overnight camping event*



**RSVP by email or phone by July 18<sup>th</sup> so we have you in our head count!**

If we reach capacity, we may have to turn campers away. **SO RSVP NOW!**

Campers going into grades 7- 12 in the fall of 2025 may attend. **Grade:** \_\_\_\_\_

**Camper name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(street/route) (city) (State) (zip)

**Parent's/Guardian's Name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

\* please list home, work and cell phone numbers.

**In case of emergency, contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**CAMP RULES AND DISCIPLINARY POLICY:** I understand that by registering my child to attend Adventure Camp at Camp Paddy Run, I am entering into a covenant with Camp Paddy Run, Inc. in which I agree to abide by the policies of the camp and this registration / medical form. In case of severe disciplinary problems, I understand that I will be called to pick up my child at the Camp. My child has permission to travel to Camp Paddy Run and between West Virginia, Virginia and Maryland for various activities. Furthermore, I grant guardianship of my camper to the Adventure Camp staff and counselors to sign permission for participation in activities where a legal parent or guardian signature is required.

**THIS SIGNED FORM IS DUE BEFORE PARTICIPATION IN THE EVENTS AND ACTIVITIES OF ADVENTURE CAMP.**

Signature of Parent or Guardian:

Date:

**Fee:** \$125 per camper; Make checks payable to 'Camp Paddy Run' and attach to this form.

**DO NOT MAIL THIS FORM!** Please **RSVP** that you are planning to attend by July 18 and bring this form and payment with you when you come to camp. **Email:** [info@campppaddyrun.org](mailto:info@campppaddyrun.org) **Call or Text:** 540-692-9029, or let your adult volunteer know.

**\*\*OVER: Medical Information & Release for ALL CAMPERS:** Please complete the back of this form. Parent or Guardian be sure to sign the release at the bottom of the page.

## Medical Information- ALL CAMPERS Deadline to RSVP is July 18th!

**EASY SHORTCUT:** ☐ Camper medical & insurance information has not changed since Day Camp 2025.  
( check box if applicable, otherwise fill out this form ) **BE SURE TO SIGN BOTTOM OF THIS FORM!**

Is this camper in general good health and able to participate in all normal camp activities? \_\_YES \_\_NO

In 'No' please explain: \_\_\_\_\_

Does your child have problems with any of the following?

Hay Fever  
Poison Ivy

Fainting  
Sulfa

Penicillin  
Allergies

Bee Sting

Convulsions

Asthma

Other (name) \_\_\_\_\_:

If any of the above is YES, please submit a statement of how the child has been treated and with what medication. Proper medication must be brought to camp and given to camp nurse or counselor.

Food/Allergy Restrictions: \_\_\_\_\_

Does this camper know how to swim? ☐ Yes ☐ No

**If the camper is to use an inhaler or epi-pen,** please be sure it is sent to the camp every day and notify staff.

Please attach a note to indicate any physical, emotional, or psychological problem that will help us provide the best possible experience for your camper.

## Insurance Information- ALL CAMPERS

INSURANCE AND MEDICAL SERVICES: **THE CAMPER'S FAMILY HEALTH INSURANCE IS USED FIRST.** Camp insurance covers, only if there is no family insurance. In case of emergency, Camp Paddy Run uses available physicians in Strasburg, Stephens City, VA, and the Winchester Medical Center in Winchester, VA. We are approximately 3 miles from the Star Tannery Volunteer Rescue Squad.

Family Health Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Date: \_\_\_\_\_

Do you authorize Adventure Camp 2024 staff to approve medical treatment? ☐ Yes ☐ No

Do you grant permission to administer over-the-counter medications such as ibuprofen for pain? ☐ Yes ☐ No

In case of emergency, I understand that every effort will be made to contact parents or guardians of the camper. I acknowledge that participation in the planned activities of Adventure Camp 2025 involves risk to the participant and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease and bodily injury or death.

In consideration for the opportunity to participate in Adventure Camp 2025, I acknowledge and accept the risks of injury associated with participation in and transportation to and from the activity. I accept personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the volunteers or any other representative of the 'activity sponsor.' Further, I release and promise to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs or videos including my child in camp publicity; for my son or daughter to be transported in privately owned vehicles to and from the camp which is in Virginia, and for the release of medical records in case of illness or accident.

Signature of Parent or Guardian:

Date: