

# Youth Camp 2026

## Everything You Need to Know!

**Date: June 29<sup>th</sup> – July 3<sup>rd</sup>, 2026**

**Registration Deadline: Tuesday, March 31st, 2026**

1. Please fill out this application **WITH YOUR PARENT/GUARDIAN**
2. Please fill out the whole form including **BOTH PARENT/GUARDIAN SIGNATURES at the bottom of the application page.**
3. Please take time to **READ THROUGH** all the Camp **NEED TO KNOW Information** entirely before turning in application.
4. Please turn this form into CrossWalk Church once completed. **The deadline for Camp Registration is Tuesday, March 31<sup>st</sup>, 2026.**
5. Complete the online payment following the link below. Or visit [crosswalk.cc/youth](http://crosswalk.cc/youth). The cost of Youth Camp is **\$310.00**

Online Payment: <https://brushfire.com/crosswalk/youthsummercamppayment/624641>

*There are Youth Camp scholarships available for those who may need financial assistance. Please email Pastor Ryland Morrow about scholarship options.*

**Email:** [ryland.morrow@crosswalk.cc](mailto:ryland.morrow@crosswalk.cc)

**Phone:** 757-603-2385

## **NEED TO KNOW Information**

### **REGISTRATION & PAYMENT:**

**Registration Deadline: Tuesday, March 31st, 2026**

**CANCELATION/REFUND POLICY:** Because this is a sold-out event, no refunds will be allowed. No exceptions.

**REGISTRATION INCLUDES:** Transportation to and from campground, housing, meals, a secondary health insurance for the week and all camp services & activities.

**HOUSING:** Youth Camp is held at Pine Creek Camp in Gore, Virginia. The lodging is dorm style. **WE DO NOT ACCEPT ANY ROOMMATE REQUESTS.**

*We strive to offer a positive camp experience, but this camp does not provide programs that are therapeutic in nature and does not specialize in physical, emotional, social, or behavior challenges. Families will be best equipped to decide whether this camp experience is a good match for their child. Students with special needs are required to have a parent/guardian come with them as a chaperone. Due to limited resources, we are not equipped to provide individual counselors for students with special needs.*

**DRESS CODE:** **The dress code will be strictly enforced at ALL times.**

**ACCEPTABLE ATTIRE DURING THE DAY:** Athletic clothes; long, loose shorts; shirts that don't reveal undergarments or midriff. GUYS may wear tank shirts, if desired, on the athletic field only. GIRLS may wear a **modest** tankini bathing suit, if desired; on the athletic field ONLY if it is worn under shorts & dark t-shirt. **Tennis shoes MUST be worn on the athletic field. NO sandals, no flip flops, no exceptions.**

**EVENING SERVICE ATTIRE:** Casual wear (pants, jeans, dresses, shorts) may be worn to evening services. No athletic shorts may be worn the evening services.

**ACCEPTABLE SLEEPWEAR:** All sleepwear must be modest.

**ACCEPTABLE POOL ATTIRE:** GIRLS may wear a **modest** tankini bathing suit. GUYS must wear boxer style swim trunks. Anyone who is wearing swimwear deemed immodest by staff will be required to wear a dark t-shirt while swimming.

**UNACCEPTABLE ATTIRE:** Any immodest clothing or garment that supports alcohol, drugs, rock groups, occult, sex, tobacco, violence, or questionable designs.

**GIRLS SHIRTS:** must not reveal undergarments at any time. To ensure this, shirt straps must be 2 inches in width or more.

**SHORTS/DRESSES:** must be fitting at waist, length: below extended fingertips

## **RECOMMENDED PACKING LIST:**

Money for Chick-Fil-A (bus ride there and back)  
Bedding and pillow  
Toiletries and deodorant  
Beach & bath towels  
Bathing suit (see Dress Code)  
Athletic clothing – team color (4 outfits)  
Church/service clothing (5 outfits)  
Closed-toe shoes  
Sunscreen  
Bug repellent  
Bible & notebook  
Room decor for your team color  
Any personal items  
Medication (original containers)  
Spending money for snack bar and merch

## CONDUCT CODE

1. All cars will be parked at all times. Keys must be turned in at check-in.
2. Identification Policy: Wristbands are required to be worn at all times to verify that you are authorized to be on the campus. One wristband will be received at check-in.
3. No one is to leave the campus without specific prior permission from the Director.
4. VISITOR POLICY: Our goal for this camp experience is to see each student's life impacted and changed eternally. Therefore, in an effort to limit distractions, we strongly discourage visitors. Camp is only opened to registered students and staff. Parents or guardians may be permitted for the evening service ONLY by permission of the Camp Director. Youth groups are not permitted.
5. No tobacco products (smoke products of any kind), illegal drugs, alcoholic beverages, fireworks, pornographic materials, weapons (guns, knives, scissors, sharp objects). Possession will result in dismissal from camp.
6. THINGS NOT TO BRING: barber shears, computer, TV, video games are not permitted & will be confiscated.
7. CELL PHONE POLICY: We do allow cell phones to be brought to camp. They are only to be used in the room during free time and after curfew. They are NOT ALLOWED OUTSIDE of the room. PYM is not responsible for lost, stolen, or broken phones. We strongly discourage bringing cell phones to camp if possible.
8. By law, prescription medications must be in their original prescription bottle in the student's name. All prescription medication must be turned in at check-in. Over the counter meds must also be in their original container. Unmarked medication will be confiscated. Staff will NOT dispense any over-the-counter medications unless permission has been given on the medical form. Students & staff should bring all medication or personal items they will need.
9. We reserve the right to inspect the contents of all rooms, and personal belongings. The staff reserves the right to hold/or dispose of improper contents.
10. Everyone must observe Christian conduct, personal cleanliness, and respect for authority, fellow campers, and their personal property. Lack of cooperation, unnecessary roughness, unwholesome attitudes, and violations of Conduct code will result in expulsion from youth camp, day/night, at the expense of parents. No refunds given!
11. Members of the opposite sex are prohibited to enter/visit each other's rooms (including relatives). No one is allowed in off limits areas.
12. The entire daily schedule must be observed and attended by everyone. Each student will perform duties as part of the privilege of being here. Rooms and adjacent areas must be kept clean!
13. The dress code will be enforced at all times. (This will be sent in confirmation e-mail)
14. Potomac Youth Network may photograph campers & their family and may use such photographs or video for promotional publicity, historical purposes, and the like.

**POTOMAC YOUTH CAMP REGISTRATION FORM (Week 4)**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (as of '26 -'27 school year) \_\_\_\_\_

Street Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact** (If unable to reach parents during camp) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name &amp; City of Church you are attending with \_\_\_\_\_

\_\_\_\_\_  
Youth Pastor's Name \_\_\_\_\_

Youth Pastor/Leader's E-mail \_\_\_\_\_

**STATEMENT OF HEALTH-TO BE COMPLETED BY PARENT OR GUARDIAN**

Insurance Carrier \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name (First &amp; Last) \_\_\_\_\_

**CHOOSE ONE:**Current Immunizations: **YES NO** If no, what is missing \_\_\_\_\_Inhaler: **YES NO** Epi-pen: **YES NO** Exposed to a communicable disease: **YES NO**Physical needs that would limit camp activities: **YES NO** Can student swim: **YES NO**Can student use shallow end: **YES NO** Allergic to: \_\_\_\_\_Can students be given Ibuprofen, Tylenol, or Benadryl if needed? **YES NO**List **ALL MEDICATIONS** that student is currently taking \_\_\_\_\_

Is there any information that we should have regarding the welfare of this camper? \_\_\_\_\_

**(If explanation is needed, please explain on separate paper)****PARENT SIGNATURE REQUIRED-EMERGENCY TREATMENT PERMISSION**

I give the following EMERGENCY TREATMENT PERMISSION whereas I have legal custody of this child, a minor who resides with me. While this child is a registered camper at a 2025 Potomac Youth Camp, I hereby authorize any youth camp director, dean, or first aid staff responsible to consent to any x-ray, examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, VA, or MD when such a medical or surgical treatment is necessary.

**PARENT SIGNATURE** \_\_\_\_\_

I have read & agree to adhere to the conduct code & understand that willful misconduct or any breach of the conduct code will subject me to dismissal from camp at any time, day or night, at my parent's expense.

**STUDENT SIGNATURE** \_\_\_\_\_

## **Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING PINE CREEK RETREAT CENTER FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### **Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Pine Creek Retreat Center facilities, services, equipment and premises (“Facilities”) and any participation in Pine Creek Retreat Center programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Pine Creek Retreat Center, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Name (Print) \_\_\_\_\_