

2009 CHILDREN'S CAMP
REGISTRATION FORM
Rome – "Paul and the Underground Church"



This application is for (select one)

Age Group 7-9 (7th birthday no later than August 9)

Age Group 10-12 (must still be 12 on August 9)

Registration Fee Schedule:

Application returned to church no later than July 23rd with \$150 payment in full

Application mailed directly to Camp Registrar July 24th – August 5th with \$200 payment in full

Application that can not reach Camp Registrar by August 5th are considered walk-ons and cost is \$250

NOTE: All fees are nonrefundable once a camper has checked in on August 9th.

First Name: _____ Last Name _____

Gender: M F

Date of Birth: _____ Age as of August 9, 2009 _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Email: _____

Home Church: _____

Mother's Name: _____

Father's Name: _____

Legal Guardian (if different from above): _____

Emergency Contact Number (if different from home phone) _____



CAMP WAKONDA CHILDREN'S CAMP
WAIVERS

FIELD TRIP RELEASE

I hereby certify that I am the parent/legal guardian of this camper, and that I have the authority to make decisions concerning his/her participation in camp activities. I hereby give permission for my child to be escorted away from the central program area of Camp Wakonda to other locations, either on or off the campgrounds, as part of the regular Camp Wakonda activities, if such activity is directly related to the camping program.

PHOTO RELEASE

I hereby certify that I am the parent/legal guardian of this camper, and that I have the authority to make decisions concerning his/her participation in camp activities. I hereby grant permission to the Maine District Church of the Nazarene, and Camp Wakonda in particular, to photograph, tape, film, or make an audio recording of my child's participation in the Camp Wakonda Camp Program. I grant the Maine District Church of the Nazarene, and Camp Wakonda in particular, an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials. I understand that these materials may be used for the purpose of public information and/or education and may appear in newspapers, magazines, exhibits, television, Maine District/General Church of the Nazarene publications, and/or the Maine District Church of the Nazarene website. I agree that my child may be identified as a participant in the event being recorded. I release the Maine District Church of the Nazarene, and Camp Wakonda in particular; its employees, directors, and agents from any liability connected with the publication, reproduction, release, or other use of these materials, and agree not to bring any claims against them growing out of such publication, release, reproduction, or other use of these materials.

GENERAL WAIVER

My signature on this waiver indicates that I give my child permission to participate in all of the activities at Camp Wakonda Children's camp, and that I release the MAINE DISTRICT CHURCH OF THE NAZARENE (including its Boards, Councils, Auxiliaries, Officers, and Representatives), and CAMP WAKONDA CHILDREN'S CAMP (including all staff, paid or unpaid) in particular, from liability related to their participation in such activities. I understand that all campers must have their own medical coverage. No insurance is provided. My signature indicates that I will be responsible for all costs related to the medical care of my child.

By submitting this form, I indicate agreement with the above releases & waiver.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Camp Wakonda
Personal Health & Medical Record

If your child has had a medical evaluation (**physical examination**) within the last 24 months, a copy of the results of this examination must be attached to the application. If a copy is not available, a physical examination (using the Medical Evaluation section of this form) must be performed by a licensed* healthcare practitioner prior to arrival at camp. **If your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury in the last 18 months, the medical evaluation (physical examination) must have been conducted within the last 12 months.**

***Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for Camp Wakonda purposes when such practitioners may perform physical examinations within their legally prescribed scope of practice.**

Please note: If any child shows up for camp without proper medical paperwork, he/she will not be allowed to check-in. In such a case, all registration fees will be forfeited.

PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in Camp Wakonda programs, subject to limitations noted herein.

I certify that I am the parent/legal guardian of the camper. In case of emergency, I understand every effort will be made to contact me (or, my spouse or next of kin, if participant is an adult,). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult). I will be responsible for any and all costs of medical attention and treatment.

Date _____ Signature of parent/guardian or adult _____

Check all items that apply, **past or present**, to your (child's) health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants ___ Yes ___ No _

Explain type of reaction:

Does your child have an Epi-pen? _____

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
**Asthma	—	—	Diabetes	—	—	High blood pressure	—	—
Cancer/leukemia	—	—	Heart trouble	—	—	Kidney disease	—	—
Convulsions/seizures	—	—	Hemophilia	—	—	ADHD	—	—

**Does your child use a “rescue” inhaler? _____

**Should he/she carry it with them at all times or can it be kept with the nurse? _____

Explain:

Please list ALL medications taken in the 30 days **prior** to arrival at camp: _____

List any medications to be taken at camp: _____

_____	dose _____	frequency _____
_____	dose _____	frequency _____
_____	dose _____	frequency _____
_____	dose _____	frequency _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, playing sports, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	
Pertussis _____	Rubella _____	

My child may be given the following medicine at the discretion of the nurse if the situation warrants. (If not indicated, you will be called prior to your child receiving any over-the-counter medications.) The nurse will have these available. If your child takes these medications regularly, please bring your child's own medicine.

Acetaminophen (Tylenol)	_____ Yes	_____ No
Ibuprofen (Advil)	_____ Yes	_____ No
Dyphenhydramine (Benadryl)	_____ Yes	_____ No
Dextromethorphan (cough suppressant)	_____ Yes	_____ No
Bismuth Subsalicylate (Pepto-Bismol)	_____ Yes	_____ No

MEDICAL EVALUATION

Camper's Name:

_____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one week of camp that may include sleeping on the ground and participating in strenuous activities, such as vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____ / _____

Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	__	__	Teeth	__	__	Genitalia	__	__
Cardiopulmonary system	__	__	Skin	__	__	Musculoskeletal	__	__
HEENT	__	__	Hernia	__	__	Neurobehavioral	__	__

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____
 Licensed health-care practitioner*

Address _____ Phone _____

City, State, Zip _____

*** Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for Camp Wakonda purposes when such practitioners may perform physical examinations within their legally prescribed scope of practice.**

Miscellaneous Information
THIS PAGE IS FOR YOUR INFORMATION ONLY
DO NOT RETURN THIS PAGE WITH YOUR APPLICATION

WHAT TO BRING: A good camping attitude! **PLEASE LABEL ALL ITEMS WITH CAMPER'S NAME**

A Bible!	A camera is suggested
Sleeping bag or blanket & sheets	Pillow w/case
Soap & shampoo	Toothpaste & toothbrush
Flashlight	Rain gear
Jacket	Shorts (no 'short-shorts')

A WATER BOTTLE

Modest swimwear (ladies: modest, 1-piece suits only)

Backpack or light duffle bag (if you have one)

Watershoes for use at the "waterfront"

Play shoes and/or sneakers (**NO DRESS SHOES**)

SOCKS TO CHANGE DAILY

Change of clothes for 5 days (casual/play clothes only – no dress clothes needed; all clothing should be modest)

Prescription meds (**must be in the original container** - Turn **ALL** meds in to nurse during check-in)

Wash cloths & towels (we suggest at least 2 towels - 1 for showers & 1 for the pool)

DO NOT BRING:

Money (everything is provided)	Candy, gum
Fishing gear	Knives of any kind
Tobacco or alcohol products of any kind	T-shirts with non-Christian sayings/logos

Flip Flops (except for use in the shower - these are NOT suitable for play!)

Non-prescription meds (the nurse will have Tylenol, Ibuprofen, & Aleve on hand)

Electronic devices (No CD players, radios, Walkmans, curling irons, hair dryers, etc – and **NO EARPHONES**)

Cell phone (if you bring one, it will be confiscated and returned at the end of the week)

PARENTS - PLEASE NOTE!
CAMP WAKONDA IS A CLOSED ENCAMPMENT

This means that, except for emergencies, no one besides camp staff is permitted on the grounds. Your 'visit' can reinforce any homesickness that your child may be experiencing, and can even cause homesickness in other children. For the same reason, do not send a cell phone with your child. If an emergency requires you to contact your child while he/she is at camp, call the Camp Director @ 207-229-3818.

If you wish to send mail to a camper, use this address (do not mail anything after midnight, Aug 12th – it will not reach your child before he/she leaves):

{Camper's Name}
Camp Wakonda
% Norway Nazarene
14 Grove Street
Norway ME 04268

Directions From Interstate 95

Take Gray Exit Off Of I-95
Head northwest on ME RT-26
Continue to follow ME RT-26 24.8 mi (approx 38 mins)
Turn left at Pottle Rd At Traffic Light- 0.4 mi.
Oxford County Fair Sign Is On The Right

