

2012 Camp NOMACCA Camper Registration

Office Use Only

Amt. Pd _____ Cash or Check # _____

Bill Camper Registration To: _____

Late Fee: _____ Date Rcvd: _____

DETACH AND SUBMIT BY JUNE 25, 2012

There will be a \$5 discount to those who pre-register before June 25, 2012

Camper: _____ D.O.B: _____

Age: _____ Grade Completed in June 2012: _____

Address: _____ City: _____ State: _____

Phone #: _____ Parent/Guardian Name: _____

Parent/Guardian Work Place: _____

Parent/Guardian Work Phone: _____

Parent/Guardian Cell Phone: _____

Your Home Church: _____

PLEASE CHECK THE CAMP WEEK YOU WISH TO ATTEND

***Camp Fees: Junior Camp- \$150.00**

Day Camp- \$10

Intermediate Camp- \$150.00

Senior Camp- \$150.00

\$10.00 OFF EACH STUDENT IF TWO OR MORE ATTEND SUMMER CAMP FROM ONE FAMILY

_____ **Junior Camp** (July 2-6)

_____ **Day Camp** (July 7)

_____ **Intermediate Camp** (July 9-13)

_____ **Senior Camp** (July 16-20)

Do you prefer to stay in the same cabin with anyone in particular?

Please Name ONE Person: _____

I Will PARTICIPATE IN THE FULL PROGRAM OF CAMP NOMACCA 2012 AND WILL ABIDE BY ALL CAMP RULES:

SIGNATURE OF CAMPER

HEALTH RECORD

NAME: _____ **AGE:** _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Other contact (optional): _____

Camper currently has or has recently had:

Frequent colds/sore throat: _____ Asthma: _____ Bronchitis: _____ Seizures: _____

Current Health Conditions: _____

Allergies: _____

Other Health Concerns (recent illness, injury or surgery): _____

If camper uses an inhaler and/or epi-pen:

Camper has been trained in self-administration of inhaler/epi-pen.

(prescriber: _____)

Camper has my permission to carry & self-administer his/her own inhaler.

Parent Signature

Date

Behavioral/Psychological concerns or considerations:

Please Specify if applicable:

Immunizations: Up-to-date per school requirements: Yes: _____ No: _____

Date of last Tetanus Shot: _____

Doctor's Name: _____ **Phone:** _____

Insurance Carrier: _____ **Plan #:** _____

Please initial which over-the-counter medications may be

administered by the camp nurse:

Acetaminophen (Tylenol) _____ Ibuprofen (Advil, Motrin) _____

Tums _____ Pepto Bismol _____

Throat Lozenges _____ Diphenhydramine(Benadryl) _____

Is camper currently on any medications: No___ Yes___ -List_____

IN CASE OF ACCIDENT OR ILLNESS, I HEREBY CONSENT TO THE ADMINISTRATION OF AID AND/OR MEDICATION. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE COST OF SUCH TREATMENT.

SIGNATURE OF PARENT/GUARDIAN_____

This pre-registration form should be completed and returned to :

CAMP NOMACCA C/O NATE HASTY P.O BOX 551 PRESQUE ISLE, ME 04769