



2017 Camp NOMACCA Camper Registration

For an early registration discount of \$20*, submit or Postmark by May 29th, 2017.

Camper Name: _____ D.O.B: _____ Age: _____ Grade: _____
Address: _____ City: _____ State: _____
Phone #: _____
Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____
Work Place: _____ Work Phone: _____
Your Home Church: _____

PLEASE CHECK THE CAMP WEEK YOU WISH TO ATTEND

Camp Fees:

Senior Camp (July 10-14)-\$170
14-18 or entering grades 9-12

Intermediate Camp (July 17-21)-\$170
11-13 or entering grades 6-8

Junior Camp (July 24-28)-\$170
8-10 or entering grades 3-5

Day Camp (July 26)-\$20*
6-7 or entering grade 1-2

\$10* DISCOUNT PER STUDENT IF TWO OR MORE ATTEND SUMMER CAMP FROM ONE FAMILY
*Discounts do not apply to Day Camp

Do you prefer to stay with anyone in particular?

Please Name ONE Person: _____

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

SIGNATURE OF CAMPER

Camper Check-Out: At the end of camp, your child must be signed out by an authorized adult; if none are listed in the space below the child will be released only to the parent/guardian who signs this form:

Photography Waiver: By signing this registration form I also authorize the taking of pictures of my child for camp promotion purposes.

Signature of Parent/Guardian: _____

Early Registration Deadline is May 29th, 2017 — Please return to Andrew Blackstone – PO Box 551, Presque Isle, ME 04769 or submit via email at ablackstone@gmail.com.

Office Use Only

Amt. Pd _____ Cash or Check # _____ Bill To: _____
Reg. Discount: _____ Date Rcvd: _____
Departure Date/Time: _____ Released To: _____
Notes: _____



PO Box 551 Presque Isle, ME 04769 / 62 Nomacca Drive Mapleton, ME 04757

207.227.0522

Health Record

Camper Name: _____ Age: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Other contact (optional): _____

Insurance:

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Plan #: _____

Camper currently has/ has had recently:

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

Current Health Conditions: _____

Allergies: _____

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

Behavioral/Psychological concerns or considerations (specify if applicable):

Immunizations:

Up-to-date per school requirements: Yes: _____ No: _____ Date of last Tetanus Shot: _____

Early Registration Deadline is May 29th, 2017 — Please return to Andrew Blackstone – PO Box 551, Presque Isle, ME 04769 or submit via email at ablackstone@gmail.com.

Health Record (CONT.)

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 ___ If Yes, please specify below:

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

Due to State regulations, if you wish for your child to carry & self-administer his/her own inhaler, please download and fill out the Self-Administration Form at www.nomacca.com.

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.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____

Early Registration Deadline is May 29th, 2017 — Please return to Andrew Blackstone – PO Box 551, Presque Isle, ME 04769 or submit via email at ablackstone@gmail.com.