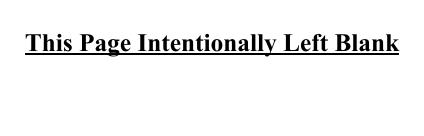


62 Nomacca Drive Mapleton, ME 04757 207.227.8606 nomacca316@gmail.com



Camper Name:			Gender: M / F	
D.O.B: Age: Entering Grade: T-Shirt Size (circle one):	YS YM YL S	S M L XL	XXL Free T-Shirt Provided	
Address:C	City:		State:	
Parent/Guardian Name:	Parent/Guardia	n Cell Phor	ne:	
Parent Email:	Work Place:			
Home Church:				
PLEASE CHECK THE CAMP SESSION Y	YOU WISH TO	ATTEND		
Junior Camp (July 14-19) - \$200 entering grades 3-5Senior Camp (July 21-26) - \$200 entering grade 9-high school gradsIntermediate Camp (July 28-August 2) - \$200 entering grades 6-8 Registration - Sundays from 3-4 p.m. Closing Program - Fridays at 6 p.m.	Day Camp (July 8,9,10) - ages 6-10 \$25 per day -attend 2 days (\$50) get 3rd free- Hours: 9:00-3:00 each day July 8 - Registration from 9-9:30 a.m. July 9 and 10 - New registrations at 9:00 Closing Program-Wednesday, July 10, at 2:30 p.m.			
Do you prefer to stay with anyone in particular? Please Name <mark>ONE</mark> Person	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: There will be a closing program at 6:00 p.m. on Friday, each week of residential camp. After the program, 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:	List of Authorized Adults for Release:			
Photography/Social Media Waiver: By signing this registration form I also authorize the taking of pictures of my child for camp promotion purposes, including our facebook page.	Signature of Parent/Guardian:			
Office Use Only Amt. Pd Cash or Check # Bill To:				

EARLY REGISTRATION DISCOUNT OF \$40 for OVERNIGHT CAMPS, submit or Postmark by June 1st, 2024



Health Record

Camper Name:	D.O.B:	Age:	Gender: M / F	
Address:	City:		State:	
Parent/Guardian Name:	Parent/Guardian Cell Phone:			
Parent Workplace:	Workplace Phone:			
Emergency Contact:	Relationship:_	· · · · · · · · · · · · · · · · · · ·	Phone	
Insurance:				
Doctor's Name:	Phone:			
Insurance Carrier:	Plan #:			
Camper currently has/ has had recently:				
Chronic colds/sore throat: Asthma:	Bronchitis:	_ Seizures:_		
Current Health Conditions:		Allergies:	·	
Other Health Concerns (recent illness, injur	y or surgery):			
Behavioral/Psychological concerns or co	onsiderations (specify if	f applicable)	<u>:</u>	
-				
In order to attend Camp Nomacca you M records. As per 5.B.6.a.3 of 10-144 CMR 208, Rule	es Relating to Youth Camps, Prir	mitive, and Trip		
your child's immunization records. A sample immunization records initial which over-the-counter me			he camp nurse:	
Acetaminophen (Tylenol)	Ibuprofen (Advil, Mo	trin)		
Tums	Pepto Bismol			
Throat Lozenges	Diphenhydramine(B	enadryl)		
Is camper currently on any medications:	No Yes			
If Yes, please specify:				
If bringing medications to camp, please provide all per This includes inhalers.	tinent prescription information a	t registration. <u>Al</u>	I medicine must be brought in its original container	
If camper uses an inhaler and/or epi-pen his/her own inhaler, please print and fill out				
IN CASE OF ACCIDENT OR ILLNESS, I H MEDICATION. I UNDERSTAND THAT I W				
Name of Parent/Guardian (Please Print):				
Signature of Parent/Guardian:				

EARLY REGISTRATION DISCOUNT OF \$40 for OVERNIGHT CAMPS, submit or Postmark by June 1st, 2024