



# 2020 Camper Registration

Empower Camp is August 8-11, 2020 at Camp Whitman (150 Whitman Rd., Penn Yan NY). The total camp fee is \$320 per camper\*. **Return completed Registration to [info@empcamp.com](mailto:info@empcamp.com) or to Empower Camp, PO Box 231, Buffalo, NY 14207.**

## Registration Process:

- (1) Complete and return this **Camper Registration Form** and **pay the full camp fee** (\$320 per camper\*).
- (2) PRINT the **Medical Report** and have it completed by the participant's primary care provider and returned to Empower Camp no later than May 31, 2020. Return to [info@empcamp.com](mailto:info@empcamp.com) or to Empower Camp, PO Box 231, Buffalo, NY 14207.

\*Pay via cash, check to 'Empower Camp', Venmo or online via PayPal. If you require financial assistance, please complete our Scholarship Application available online at [www.empcamp.com/register](http://www.empcamp.com/register).

**Your registration for camp will not be confirmed until both the Registration Form and the Medical Report is completed and returned AND the full camp fee is paid.**

## Other Important Information:

**Camp Fees:** Payment plans available upon request. The expectation is that the full camp fee will be paid at the time of registration. If the camper requires financial assistance, please complete our Scholarship Application.

**Refund Policy:** The last day to receive a refund on your paid camp fees is June 15, 2020. As of June 16, 2020, no portion of the paid camp fee will be refundable. Additionally, no refund will be granted for late arrival, early departures, withdrawal, or dismissal from camp. Campers arriving late will not receive a prorated rate.

**Scholarships:** Need-based scholarships to Empower Camp may be available through our Scholarship Fund. Applications available online ([www.empcamp.com/register](http://www.empcamp.com/register)), while availability lasts. All scholarships are partial and there is a \$25 deposit due with the submission of a scholarship.

**Arrival:** Check-in for camp is on Saturday, August 8 from 10:00am – 11:30am. Please do not arrive earlier than 10:00am as we will be busy getting camp ready.

**Departure:** Tuesday, August 11 departure 2:00pm – 3:00pm. Please do not arrive earlier than 1:30pm as we will be finishing up our final program sessions.

**Bus Information:** Bus transportation is available at no additional cost to campers. This year, we are offering two pick-up/drop-off points:

1. **Hutchinson Central Technical High School (256 S Elmwood Ave, Buffalo, NY 14201)**

- **Saturday, August 8:** Plan to arrive **no later than 7:30am. The bus will depart promptly at 8:00am.**
- **Tuesday, August 11:** The bus will return between 4:30 - 5:00pm.

2. **Transit Road Thruway Park & Ride (6650 Transit Rd. Buffalo, NY 14221)**

- **Saturday, August 8:** Plan to arrive **no later than 8:00am. The bus will depart promptly at 8:30am.**
- **Tuesday, August 11:** The bus will return between 4:00pm - 4:30pm.

**Medical Information:** The Medical Report must be completed and signed by the camper's primary care provider and returned with a copy of the participants immunization records. Empower Camp has an RN on site 24 hours a day to dispense medications and provide first aid.

**Contact Information:** Feel free to call us at any time with any questions or concerns.

Sarah Bachwitz  
Camp Director  
(716)906-2995

[sarah@empcamp.com](mailto:sarah@empcamp.com)

Cecilia Lima  
Assistant Director  
(716)706-9359

[cecilia@empcamp.com](mailto:cecilia@empcamp.com)



# 2020 Camper Registration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ T-Shirt Size: S M L XL XXL

School: \_\_\_\_\_

Camper Phone Number: \_\_\_\_\_ Camper Email Address: \_\_\_\_\_

**Which Program are you registering for?** [ ] Empower Camp (ages 13-18) [ ] Empower Future Leaders (ages 19-21)

**How did you hear about Empower Camp?** [ ] Attended Empower Camp before [ ] Online [ ] School  
[ ] A Friend \_\_\_\_\_ [ ] Other \_\_\_\_\_

### Parent/Guardian & Emergency Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you been to camp before?** [ ] Yes [ ] No **If yes, what camp?** \_\_\_\_\_

**What extracurricular activities are you involved with?** (i.e. Sports, Clubs, Activities, Community Service, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to attend Empower Camp?** (What do you hope to get from the experience?, What are you excited about?)

\_\_\_\_\_  
\_\_\_\_\_

**Tell us about yourself!** (i.e. Favorite hobbies or interests, any nicknames, favorite food, TV shows, books, music, pets, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Transportation:** *Please indicate how the camper will arrive to/depart from camp.*

<u>Drop Off 8/8</u>	<u>Pick Up 8/11</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian or designated adult will drive
<input type="checkbox"/>	<input type="checkbox"/>	Bus Transportation: Hutchinson Central Technical High School
<input type="checkbox"/>	<input type="checkbox"/>	Bus Transportation: Transit Road Thruway Park & Ride

# 2020 Camper Registration

## Medical History: Has/Does participant have....

- |   |        |   |        |
|---|--------|---|--------|
| 1. Recent injury or illness?                      | Yes No | 14. Ever had back or joint problems?              | Yes No |
| 2. Chronic injury, illness or infectious disease? | Yes No | 15. Have any skin problems?                       | Yes No |
| 3. Frequent headaches?                            | Yes No | 16. Bringing an orthopedic device to camp?        | Yes No |
| 4. Recent head injury?                            | Yes No | 17. Asthma  | Yes No |
| 5. been knocked unconscious?                      | Yes No | 18. Diabetes?                                     | Yes No |
| 6. Wear glasses or contacts?                      | Yes No | 19. Problems with sleepwalking?                   | Yes No |
| 7. Frequent ear infections?                       | Yes No | 20. Problems with bed wetting?                    | Yes No |
| 8. Pass out/dizzy during or after exercise?       | Yes No | 21. Mononucleosis in past 12 months?              | Yes No |
| 9. Ever had seizures or convulsions?              | Yes No | 22. Problems with diarrhea/constipation?          | Yes No |
| 10. Ever had chest pains?                         | Yes No | 23. Abnormal menstrual history?                   | Yes No |
| 11. Diagnosed with heart condition?               | Yes No | 24. Been involved in bullying or been bullied?    | Yes No |
| 12. Physical/mental disabilities?                 | Yes No | 25. Emotional problem & sought professional help? | Yes No |
| 13. Ever had an eating disorder?                  | Yes No |   |        |

Explain "Yes" answers and describe anything we need to know about the participant's medical needs:

# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_

**Nutrition:** Please advise of any dietary restrictions, considerations or allergies:

\_\_\_\_\_  
\_\_\_\_\_

## Restrictions:

I feel that the camper can participate without restrictions

I feel that the camper can participate with the following restrictions or adaptations (explain below)

Explain any restrictions or adaptations:

\_\_\_\_\_  
\_\_\_\_\_

**Insurance:** Text (716-906-2995) or Email ([sarah@empcamp.com](mailto:sarah@empcamp.com)) a copy of your insurance card. Please copy both sides of the card so information is readable.

The camper is covered by family medical/hospital insurance:  Yes  No

Insurance Company \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Policy Number \_\_\_\_\_

# 2020 Camper Registration

## Camper Code of Conduct

It is the goal of Empower Camp to provide a healthy, safe, secure environment for all camp participants. Your success in this program depends on your personal commitment to being an active, involved, and respectful member of the Empower Camp community. It is our expectation that you will attend the full camp session from August 8-11, 2020 and will not arrive late or leave early.

Campers who attend Empower Camp are expected to...

- **Personal Responsibility:**
  - We are responsible for our words, actions and attitude.
  - Campers must be accountable to inform their assigned Counselors of their whereabouts at all times. This includes evening hours when campers must inform the counselors of bath house visits.
- **Respect:**
  - We respect each other and our environment.
  - Respect all Empower Camp and Camp Whitman equipment, facilities and grounds which includes no stealing, property damage, graffiti or vandalism. Any property damage will be the camper's financial responsibility.
  - I will respect Camp Staff and follow their instructions.
  - Practical jokes and pranks must be approved in advance by the Empower Camp Director. Any practical joke or prank without prior approval will not be tolerated.
- **Behaviors:**
  - Be enthusiastic, thoughtful, open-minded and involved.
  - Treat others as they would like to be treated.
  - Listening, paying attention and active participation are absolutely critical for a safe and fun camp.
  - No use of profanity, offensive language or name-calling will be tolerated.
  - No physical aggression, e.g. hitting, kicking, pulling, fighting, spitting, etc.
  - Bullying of any kind will not be tolerated.
- **Alcohol & Drugs:** Alcohol, illegal/street drugs, cigarettes and e-cigarettes are not permitted on the premises at any time. Anyone found to have drugs/alcohol/cigarettes/e-cigarettes in their possession or found to be under the influence will be dismissed immediately.
- **Weapons:** I understand that weapons of any kind including lighters, matches or any other flammable items are strictly forbidden.
- **Electronic Devices:** Cell phones and electronic devices are not permitted at camp for the enjoyment and safety of all campers. Phones/electronic devices should be left at home or if brought to camp, will be locked up in the Nurse's Cabin. Please note that Empower Camp is not responsible for any lost or stolen items.
- **Romantic Relationships:** I will remember that physical displays of affection or relationships of a romantic nature are not camp appropriate under any circumstance.
- **Disciplinary Action:** Pending the severity of the infraction, failure to adhere to the Camper Code of Conduct may result in restriction from camp activities, a conference with the Camp Director and/or being sent home.

I agree to adhere to the Empower Camp Code of Conduct:

---

Signature of Camp Participant

---

Date

# 2020 Camper Registration

## Parent Releases

**Participant Release:** The undersigned participant and/or his/her guardian does hereby acknowledge that he/she is aware of and recognizes the risks associated with participation in the Empower Camp, Inc. program (the "Program"); does hereby release and discharge Empower Camp, Inc., its officers, directors, employees and agents (hereinafter collectively the "Releasees"), to the fullest extent permitted by law, from any claim or cause of action arising out of or in any way connected with the participant's participation in the Program; and agrees, to the fullest extent permitted by law, to indemnify and hold harmless the Releasees from and against any and all liability, claims, losses and damages, including reasonable attorneys' fees, incurred by the Releasees that in any way arise out of or are connected with such participation.

**Health Authorization:** The health history provided in this registration form is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy my child's medical forms. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**Photo/Publicity Waiver:** I agree that the undersigned participant and/or his/her guardian does hereby provide authorization to participate in photo/publicity opportunities and that photographs/video taken of my child may be used freely in any/all Empower Camp publications, website, and promotional materials.

### Parent Commitment:

- I understand that the camp fee is \$320 per camper and that the fee must be paid in full at the time of registration. Please make checks payable to Empower Camp, Inc.
- I understand that I may request need-based scholarship funds from the Empower Camp scholarship fund and that there is a \$25 deposit due with the submission of a scholarship request.
- I understand that my child is expected to attend the full camp program, August 8 – 11, 2020 and that I will not be refunded for early pick-up or receive pro-rated discount for late drop-off.
- I understand that my child has signed and agreed to the Camper Code of Conduct and that violations of this conduct policy may result in disciplinary action up to and including dismissal from camp.
- I understand that Empower Camp carries liability insurance only and does not provide health insurance and that if my child requires medical care by a doctor or hospital, prescription drugs, dental/orthodontic services and/or eye glass repairs, the parent/guardian is financially responsible.

---

PRINT - Parent/Guardian Name

---

Participant Name

---

Signature of Parent/Guardian

---

Date