

# Camp Wakonda 2022 Registration Form

August 15<sup>th</sup> -19<sup>th</sup> ,2022

Monday: Registration 3-5 pm

Friday: pickup 2 pm

\_\_\_ Pre-registration if received by July 15<sup>th</sup> is \$175

\_\_\_ Last call registration is by July 31<sup>st</sup> is \$200

\_\_\_ Day Camper \$125 (*Regardless of days attending*)

Mail: Gardiner Church of the Nazarene, 6 Nazarene Way, Gardiner ME 04345

Make Checks out to **MAINE SDMI**

Age Groups:

\_\_\_ Age 7-8

\_\_\_ Age 9-11

Camper's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Additional Authorized Pick-up Person \_\_\_\_\_ Cell \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 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 in particular, to photograph, tape, film, or make an audio recording of my child's participation in the Camp Wakonda program. I grant the Maine District Church of the Nazarene and Camp 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 any Maine District Church of the Nazarene online presence. 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 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, and that I release the MAINE DISTRICT CHURCH OF THE NAZARENE (including its Boards, Councils, Auxiliaries, Officers, and Representatives), and 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.

**NOTE** All fees are non-refundable once a camper has checked into a camp or retreat. By submitting this form, I indicate agreement with the above releases & waiver. By submitting this form, I indicate agreement with the above releases & waiver.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

All mail has to be post marked for the dates above to receive the above pricing.

**There are no walk-on registrations accepted. \$25.00 non-refundable deposit due with all applications, physicals and all medical forms. All applications, physical and medical forms are due no later than July 31<sup>st</sup>. Remaining balance can be made at registration the first day of camp.**

Payment rec. by:

Ck# \_\_\_\_\_ Cash: \_\_\_\_\_

Medical forms rec.: \_\_\_\_\_

Physical: \_\_\_\_\_ Shot records: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_

Child's Cabin Name: \_\_\_\_\_ (to be filled out at camp)

**Place an 'X'**

Shirt Size YS: 6-8 \_\_ YM: 10-12\_\_ YL: 14-15\_\_ Adult S\_\_ M\_\_ L\_\_ XL\_\_ XXL\_\_ Other \_\_\_\_\_

Bunkmate #1 \_\_\_\_\_ Only ONE PLEASE!

To ensure every student has the opportunity to participate in the events planned at camp during the day. Please complete this form by rating each event 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice and on until # 9. If your child does not want to participate in one of these events please place the word NO in the box

Crafts	
Creative Play (coloring, legos, painting, and stamps, play dough)	
Science Time (make ice cream, tornados, rockets, etc)	
Woodworking	
Archery	
Swimming	
Photography	
Golf	
Beach time games	

### Packing List for Kids camp

- Bible
- Bedding: pillow, sleeping bag or sheets/blankets
- Towel, wash cloth, bathing suit, shower shoes
- Toiletries: shampoo, soap or body wash, deodorant, brush or comb
- Sneakers
- Beach bag with swim suit, towel, flip flops and sunscreen
- Clothing: leave the nice stuff at home & bring extra socks & underwear!
- Misc: flashlight, bug spray, sunscreen, after bite, aloe
- Umbrella or rain jacket
- Medication - must be in original containers!!!
- The remainder of the money due for camp (checks made to Maine SDMI)

Does your child have an IEP? Y or N (if yes please send with medical forms)

# Personal Health and Medical Record

## A new medical form is required each summer.

### **All Campers must have all medications in original containers at time of check in.**

If your child has had a medical evaluation (physical examination) within the last 12 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 purposes when such practitioners may perform physical examinations within their legally prescribed scope of practice.

### **\*\*If your child has Asthma, Diabetes, Allergies (Epi-pen), or Seizures, an Action Plan from the doctor must be provided.**

**Please note:** If any child shows up for camp without proper medical paperwork, he/she will not be allowed to check-in. 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 \_\_\_\_\_  
Date of Last physical: \_\_\_\_\_ Must be within the last 12 months of the event attending

#### 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: \_\_\_\_\_

Special Diets: \_\_\_\_\_

#### GENERAL INFORMATION:

Asthma \_\_\_ Diabetes \_\_\_ High blood pressure \_\_\_ Cancer/leukemia \_\_\_ Heart trouble \_\_\_ Kidney disease \_\_\_  
Convulsions/seizures \_\_\_ Hemophilia \_\_\_ ADHD \_\_\_ \*\*Does your child use a "rescue" inhaler? \_\_\_\_\_

Does your child have an Epi-pen? \_\_\_\_\_

Should he or she carry the inhaler or epi-pen with them at all times? \_\_\_\_\_

Explain? \_\_\_\_\_

**Please list ALL medications taken in the 30 days prior to arrival at camp/retreat:** \_\_\_\_\_

### **ALL MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINERS**

### **NO Pill Boxes, or zip-lock bags PLEASE!!!!!!**

List any medications to be taken at camp/retreat:

\_\_\_\_\_ 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.:** \_\_\_\_\_

My child may be given the following medicine at the discretion of the nurse/med tech 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

Antacid (tums, Maalox, Mylanta) \_\_\_ Yes \_\_\_ No

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for full participation in Maine District Church of the Nazarene Camp/Retreat programs, subject to limitations noted herein. I, the undersigned, certify that I am the parent/legal guardian of the child on this form. 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.

Signature of parent/guardian or adult \_\_\_\_\_ Date \_\_\_\_\_

**Physical Form and Immunization Records**

This form is to be completed and signed by your child's physician. A physical examination within the last 12 MONTHS of the date camp begins. The entire camper medical form must be on file in our office PRIOR to your son or daughter's arrival at Camp Wakonda. There are **NO exceptions** for anyone in camp. ALL our staff and campers have a medical form on file in our infirmary. Please keep a copy for your records. Camp Wakonda does not store forms from year to year.

Please attach the current record of immunization for \_\_\_\_\_.  
Tetanus immunization is required and must have been received within the last 10 years.

Please return this form with the summer camp application.  
I find no medical conditions stopping (teen's name) \_\_\_\_\_ from attending  
Camp Wakonda.

Date of Physical \_\_\_\_\_

\_\_\_\_\_  
MD. Physician's Name (print and sign)  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

If there are any physical restrictions please list below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_