

## CAMPER INFORMATION AND REGISTRATION FORM 2009

Please fill out BOTH this **AND** the Health History (reverse side) and send \$100 deposit (non-refundable) with check (or PayPal) to:  
 Makemie Woods, P.O. Box 39, Barhamsville 23011 (757) 566-1496 FAX 757-566-8803 Make check payable to Presbytery of Eastern Virginia

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

Camper's Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
 (Last, First, Middle Initial) (prefers to be called)

Camper Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent/Guardian work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Fax number: \_\_\_\_\_ Located at: \_\_\_\_\_ Church membership (church name, denomination/if applicable): \_\_\_\_\_

Emergency contact, relationship to you \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

### CAMP SESSION SELECTION

(Many camp sessions fill quickly. Please consider choosing an alternate session.)

**Camper Buddy:** \_\_\_\_\_  
(one name only, please)

	Session Name:	Session Dates:	Fee listed in brochure:
First Choice:			
Second Choice:			

T-shirt size: (sizes tend to run somewhat small)  Child large  Adult small  Adult medium  Adult large  Adult x-large

Check here if camper has attended Makemie Woods before. **How many summers total (not including this summer)?** \_\_\_\_\_

Check here if a 2008 physical form signed by a doctor is already on file at Makemie Woods (physical forms older than 2008 are out of date)

Has the camper been away from home overnight before?  Yes  No

Is this the camper's first time at summer camp?  Yes  No

Can the camper swim?  Yes  No Can the camper swim in deep water?  Yes  No Can the camper dive?  Yes  No

How would you like to receive your confirmation packet? (Confirmation letter and physical form will be mailed automatically)

Please send my additional forms and information by mail  I will download my forms and additional information at [www.makwoods.org](http://www.makwoods.org)

### FIGURE YOUR COST (please circle any discounts taken)

	First session:	Second session (if desired):
Fee listed in brochure		
Advance pay discount	- \$10 if paid in full now	- \$10 if paid in full now
Early registration discount	- \$10 if sent before April 1	- \$10 if sent before April 1
Other discounts**	-	-
Church payment		
Camp store deposit***		
Your total cost		
<b>Amt paid now (min. \$100 deposit non-refundable)</b>		
<b>Balance due</b>		

### RELEASE FORM

**(MUST be signed in order for child to attend camp):**

In signing this application, I give permission for this child to attend camp at Makemie Woods; to be transported in privately-owned or public vehicles for scheduled off-site activities or in emergencies; for the use of photographs including this camper in camp publicity; for the release of this child's medical records in case of injury, and for the administration of over-the-counter medications in accordance with the medical protocols outlined by the camp physician. It is my understanding that many camping activities involve some risk, including but not limited to those risks usually associated with swimming, archery, hiking, boating, playing active games, living and sleeping in a forest, and cooking over a fire. I understand that the camp has established rules and guidelines for campers to help provide a safe environment and minimize these risks. **I agree that I will read ALL of the confirmation materials that are provided to me via mail or online as I have selected, and I will explain these rules and guidelines to my camper before he/she arrives at camp.** I also agree:

- \*to arrange for this camper to arrive on time, and be picked up on time (and I understand there is a "late pick up fee")
- \*to follow camp policies relating to registration, homesickness, and emergencies, and to cooperate with the Camp Director regarding problems that may arise
- \*to NOT send food to or with this camper, and to discourage bringing valuable or sentimental items that could be lost or damaged.
- \*to pay fees on time; to reimburse the camp promptly if this camper requires medical attention beyond the camp facilities;
- \*to pay the camp for any intentional damages caused by this camper beyond normal wear and tear.
- \*to give accurate information about where I or someone with authority can be reached in the event of an emergency.
- \*to ask questions about anything I do not understand.

**I have read the above information, and I have enclosed or sent through PayPal the non-refundable \$100 registration fee.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### \*\*Other Discounts

- **First Time Campers** – all first time campers receive a discount of \$20 from the camp fee. If registering for more than one session, this is a one-time discount.
- **Family Discount** – if there is more than one camper from the same family subtract \$30 from the camp fee of each *additional* child. First camper is not eligible
- **Active Duty Military** – please subtract \$10 if either parent is currently serving in the armed forces or reserves. Please send copy of military ID.

\*\*\*Donate balance of camp store money at end of session to MW?  Yes  No

*Donated funds go into the programming fund. Donations from past summers have bought field games equipment, another snake for our reptile program, and more.*

#### PAYMENT (camper cannot be registered until deposit is received)

- Check** (checks payable to PEVA)
- Credit card online through PayPal**



**PayPal:** To better serve our parents and guests, we are using the secure online service PayPal for credit card payments. All major cards accepted, only a valid e-mail address is required. To pay go to [www.makwoods.org/paypal](http://www.makwoods.org/paypal)

*Office use only:*  
 Payment 1 \_\_\_\_\_ Check #/Date \_\_\_\_\_  
 Payment 2 \_\_\_\_\_ Check #/Date \_\_\_\_\_

**SUMMER CAMP HEALTH HISTORY FORM 2009**  
This form must be completed EVERY summer for every camper

This form is to be filled out by a parent or guardian and returned, **ALONG WITH DEPOSIT AND REGISTRATION FORM.**  
A separate "Physical Form" to be filled out by a physician will be sent with the confirmation materials to campers who do not have a current one on file.

Camper's Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
(Last, First, Middle Initial) (prefers to be called)

Medical Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name on Insurance Policy: \_\_\_\_\_ Camper's Social Security Number: \_\_\_\_\_

Name of camper's physician or healthcare facility \_\_\_\_\_ Physician's phone \_\_\_\_\_

**HEALTH HISTORY** (Check if camper had any condition below and give approximate dates)

Ear Infections _____	<u>ALLERGIES</u>	<u>DISEASES</u>
Rheumatic Fever _____	Hay Fever _____	Chicken Pox _____
Convulsions _____	Poison Ivy _____	Measles _____
Diabetes _____	Insect Stings _____	German Measles _____
ADD or ADHD* _____	Penicillin _____	Mumps _____
Other _____	Other Drugs _____	Asthma _____
	Foods _____	
	Other _____	

\* If this camper is diagnosed with Attention Deficit Disorder or Hyperactivity, please attach a sheet describing the camper's routine, medications, and what methods have been effective in helping this camper manage in a structured environment. Please bring all of the camper's medications for ADD/ADHD, and discuss with your doctor the proper dose for the hot and highly structured camp environment.

Comments on any of the above information:

Does your camper wet the bed? If yes, how often?

Hospitalizations, operations and/or serious injuries (please give dates):

Chronic/recurring conditions (physical, mental, or psychological) and/or medications currently taken for chronic conditions:

Please describe any handicaps, physical limitations and dietary or activity restrictions:

Suggestions and considerations from parent/guardian (attach additional sheet if necessary):

**The camp has physician written protocols which instruct the medical personnel in giving campers pain relievers and other over-the counter medications, such as Tylenol, Advil, Robitussin, Pepto Bismol, etc. for minor medical conditions. Please list any specific over-the-counter medications you do not wish administered to your child:**

**PARENT/GUARDIAN AUTHORIZATION:** (This MUST be signed for child to attend camp):

This health history is correct to my knowledge, and the person herewith described has permission to engage in all camp activities, except as noted by me or by the physician who has signed the accompanying physical examination form. I give permission for the administration of over-the-counter medications to this camper in accordance with the medical protocols outlined by the camp physician, except those I have listed above. In the event of a medical emergency, I hereby give permission to the physician selected by the Camp Director or her designate to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for this camper as named above.

Parent/Guardian Signature \_\_\_\_\_ Date signed \_\_\_\_\_

**TO BE COMPLETED BY CAMP STAFF THE FIRST DAY OF CAMP** (Do NOT complete in advance):

Questions to be asked at on-site registration and verified by accompanying adult:

1. Do you have with you, or have you already sent the signed covenant form and the signed parental release form? \_\_\_\_\_
2. Has any information on these forms changed since they were originally completed, especially phone numbers? \_\_\_\_\_
3. During the past two weeks, has the camper or anyone in the camper's household been sick or contagious in any way? \_\_\_\_\_
4. Does the camper currently have any rashes, itching, bruises, cuts, open sores, or any other condition we should know about? \_\_\_\_\_
5. Did the camper bring any medications to camp? \_\_\_\_\_
6. Will someone other than the parent/guardian be picking up the camper? \_\_\_\_\_

**NOTES:**

Screeener's initials \_\_\_\_\_ Witness signature \_\_\_\_\_ Date: \_\_\_\_\_