2010 WYM QUAKER HAVEN CAMPER REGISTRATION FORM ☐

This form is used for registration purposes only and is strictly confidential. Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in providing appropriate care. Quaker Haven Camp welcomes all campers regardless of age, race, sex, religion, or residence.

PARENTS/GUARDIANS, PLEASE FILL OUT THIS FORM COMPLETELY AND SIGN WHERE INDICATED.

Name ______________________ Nickname ________________ Birth Date ___/___/____ Sex M / F Age _______

Home Address ______________________________ City ________________State _____ Zip _______

Camper Email ______________________ Grade entering in fall _____ SS #________________ (for medical purposes only)

Custodial Parent or Guardian _______________________ Parent/Guardian Email _________________________

Home Phone _________________ Business Phone ___________________ Cell Phone _______________

Second Parent or Guardian (if applicable) _________________________ Phone_________________________

Second Parent/Guardian Address ______________________ City _________________ State _____ Zip _______

If not available in an emergency, notify: Name _______________________________ Phone _______________

Home Address______________________________ City________________ State_____ Zip_______

THIS BOX MUST BE COMPLETED FOR ATTENDANCE

For Parent to Sign (Parent's signature required for minors and requested for youth campers who are not minors. Campers who are not legal minors may sign their own forms.) **This section must be completed for attendance at camp.** The health history on this form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted **including boating, water and challenge course activities.** **Authorization for Treatment**: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, administer treatment, administer "over the counter" medications and/or arrange necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp. I have read the ***Agreement for Campers and Parents*** in the camp brochure and give my full support.

Parent's Signature ______________________________ Date ___________________________

Camper's Signature ____

☐ I give permission for Quaker Haven Camp and any affiliated organization to photograph and/or videotape my child for promotional purposes.

Please check all appropriate boxes and fill other necessary information:

☐ I attend/belong to ______________________________________ church in Indiana/Western Yearly Meeting.
☐ I attend/belong to ______________________________________ church (not a part of IYM/WYM).

I attend church: regularly occasionally rarely

☐ This is my first time at Quaker Haven Camp. I heard about it from ______________________________

Cabinmate Request ______________________________ ***(ONLY ONE CABINMATE WILL BE CONSIDERED***

CAMP INFORMATION

	***Early Bird Rate** Before May24th*	*After May24th*
☐ **WYM Pioneer Camp - June 6-11 (Entering 5 & 6)**	**$ 250**	**$ 300**
☐ **Jr. High Camp - June 13-18 (Entering 7 & 8)**	**$ 250**	**$ 300**
☐ **Sr. High 1 Camp – June 20-25 (Entering 9 - Grads)**	**$ 250**	**$ 300**
☐ **IYM/WYM Beginner Camp - June 25-27 (Entering K-2 with parent/grandparent/guardian)**	**$ 140**	**$ 190**
Accompanying Parent/Guardian: ____________ **Relationship to Camper:**____________		
☐ **WYM George Fox – June 27-30 (Entering 3 & 4)**	**$ 160**	**$ 210**
☐ **Sr. High 2 Camp - July 11-16 (Entering 9- Grads)**	**$ 250**	**$ 300**
☐ **IYM Junior Camp - July 18-23 (Entering 5 & 6)**	**$ 250**	**$ 300**
☐ **IYM Kids Camp - July 25-28 (Entering 2, 3, & 4)**	**$ 160**	**$ 210**

Deposit (Non-Refundable) - must accompany registration to reserve camper's spot at camp. $ 50.00
Remaining Balance (Due Upon Arrival at Camp) $ ________

Remaining Balance Break Down:

Paid by Church/Meeting $ __________
Paid by Parent/Guardian $ __________
Paid by WYM Scholarship $ __________

*Please make checks payable to Quaker Haven Camp Total Due for Camp $ ________

REGISTRATION FORM AND $50 DEPOSIT ARE DUE TO QUAKER HAVEN CAMP BY MAY 24TH IN ORDER TO RECEIVE THE EARLY BIRD PRICING REGARDLESS OF HOW THE REMAINING BALANCE IS BEING PAID. THE REMAINING BALANCE IS DUE UPON ARRIVAL AT CAMP.

MEDICAL INFORMATION ON THE OTHER SIDE OF FORM MUST BE COMPLETED. ➔

Medical Form

First part must be filled out by parent/guardian. Information in the second part is requested from your physician. If you are not able to have a physician complete this section, a parent/guardian must fill it out completely.

HEALTH CARE INFORMATION

Name of family physician____________________________________ Phone____________________________________

Name of dentist/orthodontist____________________________________ Phone____________________________________

Other doctors____________________________________ Phone____________________________________

Is this applicant covered by medical/hospital insurance? O YES O NO

Insurance carrier ______________________________ Policy Number ____________________ Group Number _________________

Responsible Party ______________________________ Relationship ______________________ SSN ________________________

Address (if different than Custodial Parent) ____

MEDICAL HISTORY

Please indicate approximate dates

_____ Chicken Pox _____ Epilepsy _____ Mononucleosis _____ Diabetes

_____ Hypertension _____ Frequent Ear Infections _____ Heart Defect/Disease _____ Bleeding/Clotting Disorder

_____ Operations _____ Allergies _____ Serious Injury

_____ Psychiatric Counseling or Hospitalization _____ Chronic or recurring illness or medical condition

Explain each one marked above

____

Immunization History *Vaccines* - Tetanus Booster (must be within last two years) _________________ date required

For Females: Has this person menstruated? _____________ *If not, has she been told about it?* _____________*If so, is her menstrual history normal?* ______________

*Special consideration:*____

Our goal is to provide a complete camping experience for all of our campers. To aid us in accomplishing this goal, we ask all of our applicants to inform us if they have any disabilities or impairments. We use this information to establish appropriate staffing levels and to ensure that potential accommodations are available. Accordingly, please note in the space below any impairments or disabilities.

____

____

____

IF POSSIBLE, please have this part filled out by a licensed physician or attach a copy of a recent physical (within past two years). IF NOT POSSIBLE FOR A DOCTOR TO FILL OUT, A PARENT/GUARDIAN MUST COMPLETE THIS SECTION.

The applicant is under the care of a physician for the following condition(s): ______________________________________

____

____

Current treatment: ____

Is this treatment to be continued at camp?____

List Current Medications and Instructions ____

Any medically prescribed meal plan or dietary restrictions? ____

Allergies (medications, food, & insects, etc.)? ____

Specific activities to be encouraged or limited for medical reasons? ____

Any additional health information for camp personnel? ____

For Licensed Physician to Sign :

I have examined the above camp applicant on date ____________ which is within the past two years. In my opinion, the above's condition ____ does _____does not preclude his/her participation in an active camp program.

Licensed Physician's Signature____

Address ____Phone __________________________

Date of Form Completion ____________________By ____

Please send registration form and $50 deposit made payable to Quaker Haven Camp to:

QUAKER HAVEN CAMP

111 EMS D16C LANE

SYRACUSE, IN 46567