

### 2018 CAMPER REGISTRATION FORM

[Please carefully print all information except your signature]

**Check Appropriate Camp**

\_\_\_\_\_ **Girls Camp at Farmington - July 9-14, 2018 – Cost \$195 before June 21; \$215 after June 21**  
Make checks payable to Farmington Conference Center and mail to address below.

\_\_\_\_\_ **Boys Camp at Farmington - July 16-21, 2018 – Cost \$195 before June 28; \$215 after June 28**  
Make checks payable to Farmington Conference Center and mail to address below.

Camper's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Grade completed (as of camp date) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Your Church \_\_\_\_\_

Church Address \_\_\_\_\_

Church City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is camper attending camp with a church other than own? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, write the name, city, and state of the church attending with:

\_\_\_\_\_

Has camper ever made a public profession of faith in Jesus Christ as their Lord and Savior?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when and where? \_\_\_\_\_

I understand that campers are not to bring cell phones to camp – and are not permitted to receive or make calls/text while at camp. \_\_\_\_\_ (Initial)

My child and I agree to abide by the rules of the camp established by the camp director and the campground owner. Should the need arise, after talking with me, the director may send my child home at my expense in order to maintain camp discipline.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Name [Please Print] / Date / Signature

Name of requested buddy \_\_\_\_\_

(Buddies must be in the same grade. No more than 2 per cabin unless there is an uneven number.)

Would you be interested in carpooling to/from camp? \_\_\_\_\_

**Make Checks payable to Farmington Conference Center.  
Mail fee with all registration forms and volunteer camp staff applications to:  
Girls & Boys Camp, FCC, P. O. Box 148, West Farmington, ME 04992**

**Parents:** This form must be filled out for each child attending camp. Campers will not be allowed to attend camp without this completed form.

\_\_\_\_\_ has my permission to attend \_\_\_\_ Girls Camp or \_\_\_\_ Boys Camp at Farmington Conference Center, Farmington, ME on the following dates \_\_\_\_\_ with the \_\_\_\_\_ Church.

He/She has my permission to participate in recreation. \_\_\_\_\_[Initial]

He/She has my permission to swim. \_\_\_\_\_[Initial]

He/She has my permission to be transported for field trips away from the Farmington Conference Center. \_\_\_\_\_[Initial]

He/She has permission to engage in all camp activities except as noted. \_\_\_\_\_(initial)

**Photography Permission for Participant Attending Camp**

On some occasions photography/video will be taken of participants as they participate in the activities at camp. These photographs/video clips will only be used for promotion of Girls & Boys Camps and Farmington Conference Center. These promotions could be by way of brochures, mailings, web page, video, CD to each participating church, special mailings. At no time will the names of campers be in any of these promotions. Your signature gives us permission to use photographs/videos taken at camp for the use of promotion as listed above.

Camper's Name: \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or Guardian)

In case of medical emergency in which I cannot be reached, the adult leadership has my permission to contact a physician to provide any necessary medical attention for the above-named child. \_\_\_\_\_[Initial]

In consideration of the opportunity for the above-named child to participate in the Camp, I hereby agree to indemnify and defend the Farmington Conference Center, the Maine Baptist Association, the \_\_\_\_\_ Church, as well as all Officers, Employees, Chaperones, Representatives, and Volunteers thereof, from:

- All liability for any property damage by, personal injury to, or loss of consortium of the above-named child and
- All liability whatever arising from any acts or omissions of the above-named child while going to, during, and returning from the Camp.

Parent/Guardian Name \_\_\_\_\_

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

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### 2018 Girls and Boys Camp Medical Form

Name of the camper \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Company and Policy Number \_\_\_\_\_

#### Medical Check-off List for Camper

\_\_\_\_\_ Copy of physical from physician (completed within the last year)

\_\_\_\_\_ Copy of immunizations from physician – must include notarized medical or religious exemptions for any state required immunizations that have not been given

Allergies – food, insects, plants, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

List: \_\_\_\_\_

What symptoms does your child have and what is the treatment?

\_\_\_\_\_ Epi Pen \_\_\_\_\_ Benadryl \_\_\_\_\_ None

List: \_\_\_\_\_

What symptoms does your child have and what is the treatment?

\_\_\_\_\_ Epi Pen \_\_\_\_\_ Benadryl \_\_\_\_\_ None

List: \_\_\_\_\_

What symptoms does your child have and what is the treatment?

\_\_\_\_\_ Epi Pen \_\_\_\_\_ Benadryl \_\_\_\_\_ None

If your child requires emergency medications, please include the allergy action plan that has been completed by your physician and signed by a parent/guardian.

Does your child have any diet restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please identify:

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

\_\_\_\_\_ Asthma: If so, please submit an asthma action plan from the doctor

**Be sure you check for and treat for Head lice before coming to camp** (several days/1 week and again the night before). **All campers are checked for Head Lice during check-in.**  
No camper with head lice will be allowed to stay and we want all campers to be able to stay for the camp week.

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201 Girls and Boys Camp Medical Form

Camper \_\_\_\_\_

If your child has one of the following medical issues that we should be aware of, please describe below and speak with the camp nurse at registration.

Eating Disorder \_\_\_\_\_

Anxiety \_\_\_\_\_

Sleeping difficulty \_\_\_\_\_

Rashes \_\_\_\_\_

Other \_\_\_\_\_

Any prescription medications that are to be given during camp must be accompanied by instructions from the prescribing physician and MUST be in their original pharmacy container.

\*\*\*Any medication that is otherwise presented will not be allowed to be given per State law.

List all prescriptions on Prescription page below!

Over-the-counter medications must be in their original container and written instructions included as to how they are to be given.(i.e. seasonal allergy meds, menstrual cramps, vitamins, etc.)

Please check off below for permission for camp nurse to administer over-the-counter medications:

- Acetaminophen (Tylenol)    yes \_\_\_\_\_ no \_\_\_\_\_
- Ibuprofen(Advil, Motrin)    yes \_\_\_\_\_ no \_\_\_\_\_
- Diphenhydramine (Benadryl)    yes \_\_\_\_\_ no \_\_\_\_\_

The Medications forms that have been included are to be completed by parents/guardians as to names of medications, what they are given for, times to be given and any other special instructions.

**These will be kept by the nurse to make sure they are administered as directed.**

**Campers may not have any medications in their cabins unless they are for emergency use and we have written permission from their doctor (Inhalers and Epi-pens).**

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above.

I understand that the camp health personnel will care for minor injuries and pains according to the Camp Medical Standard Orders Sheet. (These include but are not limited to: stomachaches, headaches, bug bites, minor scrapes and scratches.)

I, \_\_\_\_\_, have completed and signed this form and give permission for any of the medications above to be given as directed.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Prescription Form

List all prescriptions your child will be taking during camp

List the name of the prescription and the dosage for each day your child will be at camp. If medicine needs to be taken at a time other than meals, please list the exact time prescription needs to be taken: (ex: evening: Bedtime, afternoon: 2:00 etc.) Make additional copies of form as needed.

Child's Name \_\_\_\_\_

Prescription One: \_\_\_\_\_

	Morning	Breakfast	Lunch	Afternoon	Dinner	Evening
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Prescription Two: \_\_\_\_\_

	Morning	Breakfast	Lunch	Afternoon	Dinner	Evening
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Prescription Three: \_\_\_\_\_

	Morning	Breakfast	Lunch	Afternoon	Dinner	Evening
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Camp Staff use only: Assigned Cabin	Cabin Leader
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