

2009 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 and water activities.**

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and 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).

Pastor or Clerk Signature _____

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 May25th After May25th

<input type="checkbox"/> WYM Pioneer Camp - June 7-12 (Entering 5 & 6)	\$ 240	\$ 290
<input type="checkbox"/> Jr. High Camp - June 14-19 (Entering 7 & 8)	\$ 240	\$ 290
<input type="checkbox"/> Sr. High 1 Camp - June 21-26 (Entering 9 - Grads)	\$ 240	\$ 290
<input type="checkbox"/> IYM/WYM Beginner Camp - June 26-28 (Entering K-2 with parent/grandparent/guardian)	\$ 130	\$ 180
Accompanying Parent/Guardian: _____ Relationship to Camper: _____		
<input type="checkbox"/> WYM George Fox - July 5-8 (Entering 3 & 4)	\$ 150	\$ 200
<input type="checkbox"/> Sr. High 2 Camp - July 12-17 (Entering 9- Grads)	\$ 240	\$ 290
<input type="checkbox"/> IYM Kids Camp - July 19-22 (Entering 2, 3, & 4)	\$ 150	\$ 200
<input type="checkbox"/> IYM Junior Camp - July 26-31 (Entering 5 & 6)	\$ 240	\$ 290

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 25TH 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? YES 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**