



PO Box 456 Crouseville, ME 04738 / 62 Nomacca Drive Mapleton, ME 04757

207.227.8606

2018 Camp NOMACCA Camper Registration

For an early registration discount of \$25*, submit or Postmark by June 3rd, 2018.
No payments or deposits due until the day camp begins.

Camper Name: _____ D.O.B: _____ Gender: M / F
Address: _____ City: _____ State: _____
Phone #: _____ Age: _____ Grade: _____
Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____
Work Place: _____ Work Phone: _____
Your Home Church: _____

PLEASE CHECK THE CAMP WEEK YOU WISH TO ATTEND

Camp Fees:

_____ **Senior Camp** (July 8-13) - **\$175**
entering grade 9-graduating seniors

_____ **Intermediate Camp** (July 15-20) - **\$175**
entering grades 6-8

_____ **Junior Camp** (July 22-27) - **\$175**
entering grades 3-5

_____ **Day Camp** (July 25) - **\$20***
entering grade 1-2

\$10 DISCOUNT PER STUDENT IF TWO OR MORE ATTEND SUMMER CAMP FROM ONE FAMILY
Discounts do not apply to Day Camp

Do you prefer to stay with anyone in particular?

Please Name ONE Person: _____

I WILL PARTICIPATE IN THE FULL PROGRAM OF CAMP NOMACCA AND WILL ABIDE BY ALL CAMP RULES:

SIGNATURE OF CAMPER

Camper Check-Out: At the end of camp, your child must be signed out by an authorized adult; if none are listed in the space below the child will be released only to the parent/guardian who signs this form:

Photography Waiver: By signing this registration form I also authorize the taking of pictures of my child for camp promotion purposes.

Signature of Parent/Guardian: _____

Early Registration Deadline is June 3rd, 2018 — Please return to Jamie McClay – PO Box 456, Crouseville, ME 04738 or submit via email at mcclayclan90@gmail.com.

Office Use Only
Amt. Pd _____ Cash or Check # _____ Bill To: _____ Cabin: _____
Reg. Discount: _____ Date Rcvd: _____
Departure Date/Time: _____ Released To: _____
Notes: _____



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Health Record

Camper Name: _____ Age: _____ Gender: M / F

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Other contact (optional): _____

Insurance:

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Plan #: _____

Camper currently has/ has had recently:

Frequent colds/sore throat: _____ Asthma: _____ Bronchitis: _____ Seizures: _____

Current Health Conditions: _____

Allergies: _____

Other Health Concerns (recent illness, injury or surgery): _____

Behavioral/Psychological concerns or considerations (specify if applicable):

Immunizations:

Up-to-date per school requirements: Yes: _____ No: _____ Date of last Tetanus Shot: _____

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Health Record (CONT.)

Please initial which over-the-counter medications may be administered by the camp nurse:

Acetaminophen (Tylenol) _____ Ibuprofen (Advil, Motrin) _____

Tums _____ Pepto Bismol _____

Throat Lozenges _____ Diphenhydramine(Benadryl) _____

Is camper currently on any medications: No ___ Yes ___ If Yes, please specify below:

If camper uses an inhaler and/or epi-pen:

Due to State regulations, if you wish for your child to carry & self-administer his/her own inhaler, please download and fill out the Self-Administration Form at www.nomacca.com.

IN CASE OF ACCIDENT OR ILLNESS, I HEREBY CONSENT TO THE ADMINISTRATION OF AID AND/OR MEDICATION. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE COST OF SUCH TREATMENT.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____

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