



62 Nomacca Drive Mapleton, ME 04757  
 207.227.8606  
 nomacca316@gmail.com

**2022 Camp NOMACCA  
 Camper Registration**

Camper Name: \_\_\_\_\_ Gender: M / F  
 D.O.B: \_\_\_\_\_ Age: \_\_\_\_ Entering Grade: \_\_\_\_ T-Shirt Size (circle one): YS YM YL S M L XL XXL *Free T-Shirt Provided*  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_ Work Place: \_\_\_\_\_  
 Home Church: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE CHECK THE CAMP SESSION YOU WISH TO ATTEND**

\_\_\_\_ **Senior Camp** (July 10-15) - **\$190** *entering grade 9-high school grads*  
 \_\_\_\_ **Intermediate Camp** (July 17-22) - **\$190** *entering grades 6-8*  
 \_\_\_\_ **Junior Camp** (July 24-29) - **\$190** *entering grades 3-5*

**Registration on Sundays from 5-6 p.m.**

\_\_\_\_ **Day Camp** (July 5, 6, 7) - *ages 6-9*  
**\$25 per day -attend 2 days (\$50) get 3rd free-**  
 Hours: 9:00-3:00 each day  
*July 5 - Registration from 9-9:30 a.m.*  
*July 6 and 7 - New registrations at 9:00*  
**Closing Program - Thursday, July 7, at 2:30 p.m.**

**Do you prefer to stay with anyone in particular?  
 Please Name **ONE** Person**

**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: There will be a closing program at 6:00  
 p.m. on Friday, each week of camp.** After the program, 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:

**List of Authorized Adults for Release:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Photography/Social Media Waiver:** By signing this registration  
 form I also authorize the taking of pictures of my child for camp  
 promotion purposes, including our facebook page.

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

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

**EARLY REGISTRATION DISCOUNT OF \$40 for OVERNIGHT CAMPS, submit or Postmark by June 1st, 2022**

Please send registrations to Sherri Calhoun - 250 Goding Road, Ashland, ME 04732  
 or submit via email at [nomacca316@gmail.com](mailto:nomacca316@gmail.com)

*No payments or deposits due until camp begins.*



**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):**

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

**In order to attend Camp Nomacca you MUST provide/bring the following with you to registration:**

- Copy of camper's most recent Immunization records.**
- At this time, a negative Covid test is not required. Should CDC guidance change, parents will be notified by email at least one week prior to the start of camp.**

→ As per 5.B.6.a.3 of 10-144 CMR 208, Rules Relating to Youth Camps, Primitive, and Trip Camping, please provide with this health record your child's immunization records. A sample immunization form is available at [www.NOMACCA.com](http://www.NOMACCA.com).

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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:

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If bringing medications to camp, please provide all pertinent prescription information at registration. All medicine must be brought in its original container. This includes inhalers.

**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 print and fill out the Self-Administration Form at [www.nomacca.com](http://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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