



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

2024 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

____ **Junior Camp** (July 14-19) - **\$200** *entering grades 3-5*
____ **Senior Camp** (July 21-26) - **\$200** *entering grade 9-high school grads*
____ **Intermediate Camp** (July 28-August 2) - **\$200** *entering grades 6-8*

Registration - Sundays from 3-4 p.m.
Closing Program - Fridays at 6 p.m.

____ **Day Camp** (July 8,9,10) - *ages 6-10*
\$25 per day -attend 2 days (\$50) get 3rd free-
Hours: 9:00-3:00 each day
July 8 - Registration from 9-9:30 a.m.
July 9 and 10 - New registrations at 9:00
Closing Program-Wednesday, July 10, 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 residential 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 Received: _____ Departure Date/Time: _____ Released To: _____

EARLY REGISTRATION DISCOUNT OF \$40 for OVERNIGHT CAMPS, submit or Postmark by June 1st, 2024
Please send registrations to **Sherri Calhoun - 250 Goding Road, Ashland, ME 04732**
or submit via email at nomacca316@gmail.com
No payments or deposits due until camp begins.

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Health Record

Camper Name: _____ D.O.B: _____ Age: _____ Gender: M / F

Address: _____ City: _____ State: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Parent Workplace: _____ Workplace Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Insurance:

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Plan #: _____

Camper currently has/ has had recently:

Chronic 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 a copy of camper's most recent Immunization

records. 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.

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: _____

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.

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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