

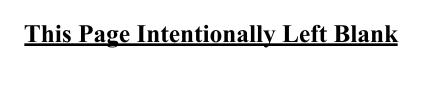
62 Nomacca Drive Mapleton, ME 04757 207.227.8606 nomacca316@gmail.com



2025 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:C	Dity:	State:	
Parent/Guardian Name:	Parent/Guardian Cell Phone:		
Parent Email:	Work Place:		
Home Church:	Work Phone:		
PLEASE CHECK THE CAMP SESSION Y	OU WISH TO ATTEND		
Junior Camp (July 13 -18) - \$200 entering grades 3-5Senior Camp (July 20-25) - \$200 entering grade 9-high school gradsIntermediate Camp (July 27-August 1) - \$200 entering grades 6-8 Registration - Sundays from 3-4 p.m. Closing Program - Fridays at 6 p.m.	\$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-Thursday, 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: Date Received: Departure Date/Time: Released To			
Denariire Date/Time: Released IV			

EARLY REGISTRATION DISCOUNT OF \$40 for OVERNIGHT CAMPS, submit or Postmark by June 1st, 2025



Health Record

Camper Name:	D.O.B:	Age:	Gender: M / F	
Address:	City:_	· · · · · · · · · · · · · · · · · · ·	State:	
Parent/Guardian Name:	P	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 rec	ently:			
Chronic colds/sore throat: As	thma: Bronchitis:	Seizures:		
Current Health Conditions:		Allergies:		
Other Health Concerns (recent illness	s, injury or surgery):			
Behavioral/Psychological concern	s or considerations (specify	if applicable):		
Please initial which over-the-count	er medications may be adm	inistered by the c	amp nurse:	
Acetaminophen (Tylenol)	Ibuprofen (Advil, I	Motrin)	Tums	
Diphenhydramine(Benadryl)	Throat Lozenges		Pepto Bismol	
Is camper currently on any medicatio	ns: No Yes			
If Yes, please specify:				
<u>IMPORTANT</u>				
records. As per 5.B.6.a.3 of 10-1 record your child's immunization record your child's immunization record your child's immunization record your child's immunization record your medicine must be brought. 3. If camper uses an inhaler a	44 CMR 208, Rules Relating to Youth ords. A sample immunization form is camp, please provide all perin its original container. The nd/or epi-pen: Due to State inhaler, please print and files, I HEREBY CONSENT TO AT I WILL BE RESPONSIBLE	Camps, Primitive, and available at www.NOM/ctinent prescriptions includes inhale regulations, if your the Self-Administrations.	n information at registration. Allors. bu wish for your child to carry & hinistration Form at ATION OF AID AND/OR OF SUCH TREATMENT.	
Signature of Parent/Guardian:				

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