



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: \_\_\_\_\_ 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 13 -18) - **\$200** *entering grades 3-5*

\_\_\_\_ Senior Camp (July 20-25) - **\$200** *entering grade 9-high school grads*

\_\_\_\_ Intermediate Camp (July 27-August 1) - **\$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-Thursdays, 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, 2025**

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.*

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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):

\_\_\_\_\_

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

Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Advil, Motrin) \_\_\_\_\_ Tums \_\_\_\_\_

Diphenhydramine (Benadryl) \_\_\_\_\_ Throat Lozenges \_\_\_\_\_ Pepto Bismol \_\_\_\_\_

Is camper currently on any medications: No \_\_\_ Yes \_\_\_

If Yes, please specify: \_\_\_\_\_

### **IMPORTANT**

1. **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](http://www.NOMACCA.com).
2. **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.**
3. **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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