



Camp Frederick

2016 Camper Registration Form

Camper Last Name _____ Camper First Name _____

M ___ F ___ Age When at Camp _____ Birth Date ___/___/___ Grade Completed _____

Parent(s)/Guardian(s) Name: _____

Address: _____ City _____ State _____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

Other Phone (____) _____ Email _____

Home Church (If Applicable) _____ City _____

Special Needs/Concerns: _____

Program Name	Date	Fee
_____	_____	_____

Available discounts: (Discounts Not Applicable for Mini Camp or Day Camp.)

OFFICE USE ONLY:

RCD: _____ CK#: _____ DEP: _____

Only 2 discounts allowed per camper. **Discounts will be applied in office.**

Early Registration

Register by April 1 -\$10

CF Corp. member church

See church for discount

Sibling

\$15 applied to each additional child, first camper not applicable

Bring A Friend (Not a Discount)

If a **Past** Camper brings a **friend(s)** who has **never** been to Camp Frederick before both will receive a special bonus item not sold in our camp store.

Name of Friend: _____ *Required*

Financial Assistance is available. Please call for information (330) 227-3633

or visit our website www.campfrederickohio.com

\$100 non-refundable deposit is due with registration. Mini Camp and Day Camp Pay in full.

Discounts will be figured in office and applied to balance due.

Make check payable to Camp Frederick and mail to P.O. Box 258, Rogers, OH 44455

Amount enclosed: \$ _____

Camper Checkout

When the camp session is complete the following adult(s) are authorized to pick up my child (parents put your name down as well). Please inform all individuals they must have a photo ID ready to present to the staff upon pick up; this is for the safety of your child to insure only those allowed are picking up your child.

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Refund Policy: Deposits are non-refundable. Refunds are available for the balance if registration is withdrawn 30 days prior to camp week. Within 30 days of camp week fees may be applied to a later date during the same summer. Refunds will not be issued to campers who leave before the week is complete.

Extenuating circumstances can be discussed with the director.

**CAMP FREDERICK MINOR
ADVENTURE ACTIVITY INDEMNITY RELEASE AND WAIVER**

I am the parent or legal guardian of (please print) _____, a minor. My child is about to engage in Adventure Activities while participating in a program with Camp Frederick. These activities include but are not limited to climbing tower, zip line, high and low ropes activities, archery, swimming, whitewater rafting, canoeing, caving, or other camp programming (herein referred to as "activities"). My child and I hereby acknowledge that some activities will take place away from Camp Frederick and hereby give permission for travel by whichever means the camp decides. My child and I hereby acknowledge that my child will be participating in physical and recreational activities that may involve a significant risk of bodily injury, including death or damage to property of himself/ herself or others. These risks include, but are not limited to, ***climbing, falls, equipment failure, bad decision-making, and holds that have become loose or damaged by other climbers.*** I agree to be prepared for all environmental risks that may arise, but are not limited to, ***rough terrain, hot and/or cold exposed climates, unpredictable conditions (rock falls, lightning, rain, slippery rocks, etc.) unpredictable contact with wildlife and contact with poisonous plants and animals.***

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries and even death are possible, for my child, his/her heirs, representatives, administrators, executors and other agents, I hereby give my consent for my child to participate in the activities.

In exchange for and in consideration of Camp Frederick permitting my child to participate in the activities, I agree for myself, and my child, his/her representatives, executors, administrators, agents and assigns to hold harmless and indemnify Camp Frederick, its trustees, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys' fees and costs) by any person which may arise by or in connection with my child's conduct while participating in the activities.

I understand that while participating in the activities, my child must follow the instructions and directions provided by Camp personnel and that he/she must abide by the policies of Camp Frederick. My child's failure to follow instructions or directions may result in his/her immediate expulsion from the activities and/or Camp. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child's expulsion and return home.

I understand that my child cannot consume, use or be under the influence of alcohol or consciousness-altering drugs, whether obtained or taken legally or not, while participating in the activities and that my child's failure to abide by this rule will result in his/her immediate expulsion from the activities and/or Camp. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child's expulsion and return home.

My child is physically fit and I know of no medical or health reason why he/she should not participate in the activities that take place with Camp Frederick.

Promotional Materials Release

I give permission for any pictures and personal quotes by my child to be used in promotional materials by Camp Frederick including but not limited to newsletters, brochures, website and other promotional materials.

Parents, guardians and group leaders take note!

I understand that if this form is not filled out, Camp Frederick can refuse to allow the minor to participate in the Program.

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

Participant's Name: _____

Signature of parent, if participant is under 18: _____

Date: _____



2016 Camper Health Form

Camp Frederick

PO Box 258, 6996 Millrock Road,

Rogers, OH 44455

Email: info@campfrederickohio.com

Phone: 330-227-3633

FAX: 330-227-9005

Camp Frederick requires the following information to ensure the health and safety of every camper and staff member. Our accrediting organization also requires us to obtain a statement from the parent/guardian attesting that immunizations required for school are up to date and include the actual date (month/year) of last tetanus shot. If the camper arrives at camp without immunization information, a statement must be obtained prior to 5 p.m. of the following day, or the camper will be sent home. If you have any questions or concerns, please feel free to call the camp

Camper's Name:		Date of Birth:	Age:	Grade Completed:	Gender:
Program Name:			Dates:		
Has camper previously been to camp?		YES	NO		
Has camper ever been homesick?		YES	NO		
Parent/Guardian:					
Home Phone:		Cell Phone:		Work Phone:	
				Pager:	
Address (Street, Apt. Number, etc.)				City, State, Zip:	
Emergency Contact and Phone Number:					
Health Insurance:			ID Number:		Group Number:
Parent with Primary Insurance: Attach copy of card.					
Primary Physician:				Office Phone Number:	
ANY ALLERGIES (Medications, Environmental,): YES NO					
ALLERGY		REACTION		ALLERGY	
ANY FOOD ALLERGIES: YES NO					
Is camper a vegetarian?		YES	NO	Is the camper Gluten Free?	
				YES	NO

2 Camper's Name: _____

IMMUNIZATION RECORD

I the parent/guardian of the child named on this health history form attest that all immunizations required for school are up to date and that I have included the actual date (month/year) of last tetanus shot. *

Tetanus Shot/Booster _____ Date: _____

Parent Signature: _____ Date: _____

*If immunization is against religious or cultural beliefs please ask office for a release form.

Any history of surgery, injury, hospitalizations, or chronic conditions? YES NO

Has camper had chicken pox? YES NO

Is camper currently receiving any treatment for physical, emotional, learning or psychological needs?
YES NO

Any special restrictions or other needs while at camp? YES NO

If camper is female has she started to menstruate? YES NO

If yes, does she have any problems during menstruation? YES NO

If NO, has she been taught about menstruation? YES NO

Please circle if the camper wears or has any of the following:

Glasses Contacts Braces Retainer

MEDICATION INFORMATION

Please circle if camper needs to carry or have immediate access to: Rescue Inhaler EpiPen

Is camper on medication (prescribed and over the counter) which will need to be administered while at camp? * YES NO

If yes, please complete the medication dosage and schedule information on page 4 of this form.

PLEASE NOTE: All medications must be brought to camp in the original container, clearly labeled with the camper's name and prescription information.

*If you wish to have camper self administer Rescue Inhaler and/or EpiPen while at camp please see office for release form.

I certify that the above information is complete and accurate in regards to my child's health information

Signature Parent/ Guardian: _____ Date: _____

Parent/Guardian Authorizations for Camp Medications

The following over-the-counter medications will be available for treating minor complaints. The dosage is determined according to the age of the child and the dosage instructions listed on the medication packaging. Please indicate by circling YES or NO whether you permit these medications to be used for the conditions indicated.

YOU WILL BE CONTACTED IMMEDIATELY IF ILLNESS DEVELOPS OR EMERGENCY TREATMENT IS REQUIRED

		Medications	Condition
YES	NO	Acetaminophen/Tylenol	Minor Pain, Headache, Fever
YES	NO	Ibuprofen/Advil/Motrin	Pain/Inflammation
YES	NO	Sore Throat Lozenges	Sore Throat
YES	NO	Antihistamine/Benadryl	Allergy Symptoms
YES	NO	Kaopectate	Diarrhea
YES	NO	Mylanta/Tums	Indigestion
YES	NO	Antibiotic ointment	Abrasions/Cuts
YES	NO	Solarcaine	Sunburn/Minor Burns
YES	NO	Caladryl/Calamine Lotion	Poison Ivy
YES	NO	Hydrocortisone Cream	Poison Ivy, Insect Bites, Rashes
YES	NO	Sting-Eze	Insect bites, stings
YES	NO	Sunscreen/Sunblock	Prevent sunburn
YES	NO	Off or other Insect Repellent	Protection from ticks and mosquitoes
YES	NO	2% Miconazole Spray or Tolnaftate/Tinactin Spray	Athlete's Feet
YES	NO	Acetaminophine/Tylenol Cold Formula	Cold Symptoms
YES	NO	Milk of Magnesia	Constipation
YES	NO	Guaifenesine DM/Robitussin DM	Cough
YES	NO	Swim-Ear	Earache, Swimmer's Ear

Is there any other medication or treatment you feel should be available for treating the camper? Please be more specific: _____

Permission to Give Medication:

I hereby give permission for the camper to receive the medications I have approved under the supervision of the designated Camp Staff person.

Signature of Parent/Guardian: _____ **Date:** _____

Authorization for Treatment:

I give permission to the healthcare personnel selected by the camp director to provide routine healthcare, administer medication, order routine tests and treatment, and arrange necessary transportation on behalf of the camper. I give permission to release records for insurance purposes. This form may be copied for trips out of camp. If I cannot be reached in an emergency, I give permission for the physician selected by the camp director to secure and provide treatment, including hospitalization, if necessary, for the camper.

Signature of Parent/Guardian: _____ **Date:** _____

4 Camper's Name: _____

Camper Medication Form

This form will be utilized by the camp health director to arrange for the safe, accurate administration of prescribed and over the counter medications to the camper. Place all medications in a clear plastic bag clearly marked with the camper's full name. All medications must be in their original containers and clearly labeled with prescribing/administration instructions.

Will the camper need medications on Sunday evening? YES NO

SCHEDULED MEDICATIONS:

Please complete the following medication record. Under Frequency, circle how many times the camper is to have the medication each day. Under Schedule, circle the times when camper is scheduled to receive the medication. If the schedule varies significantly from the one listed, write the appropriate times in the space.

Medication	Dosage	Frequency Per Day	Schedule	Diagnosis/Reason
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	

AS NEEDED ONLY MEDICATIONS:

Medication	Dosage	Frequency Per Day if Needed	Reason

Permission to Give Medication:

I hereby give my permission to the designated Camp Frederick staff to administer the medications/treatments to the camper as I have indicated.

Signature of Parent/Guardian: _____

Date: _____

OFFICE USE ONLY

Date of Health Screening: _____ Health Screener: _____

Reviewed with Counselor: YES NO Counselor's Signature: _____



OFFICE USE ONLY

COUNSELOR:

CABIN:

GETTING TO KNOW YOU: CAMPER INFORMATION FORM

MAIL TO: Camp Frederick
Box 258
Rogers, OH 44455

or FAX TO: 330-227-9005

Dear Camper:

We are really excited about meeting you! We would like to know a little about you before you arrive at camp. Please take a few minutes and complete this form and let your counselor know why you are coming to camp. Thank you for sharing and we look forward to sharing our camp with you!

Name _____ Gender _____

Camp Dates _____ Program _____

1. Here are a few things I would like to do at camp:

2. A couple of things I'd like you to know about me are:

3. When I have spare time at home, I like to:

This is my _____ year at Camp Frederick.

Dear Parent or Guardian:

Please help us give your camper the best possible camp experience by providing us with some additional information. Please answer the questions on page 2.

Parents:

1. Has your child ever been away from home? If yes, how long?

2. What type of hobbies does your child enjoy?

3. I hope my son/daughter experiences or learns this while at camp:

4. Is there any other information which might be important for us to know (bed-wetting, homesickness, fears etc.)?

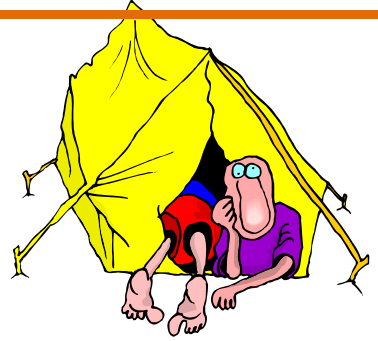
5. Will your child's brother or sister also be at camp this week? If yes, which program will they be attending?

THANK YOU SO MUCH FOR YOUR ASSISTANCE!

WHAT-TO-BRING CHECKLIST

Day Campers

- Bible
- One piece swimsuit or tankini
- Sunscreen
- Insect Repellent
- One towel for the pool
- 1 pairs of comfortable shoes for activities around camp (must have a back to them and closed toes no flip flops)
- Creek Stomping/water shoes (old sneakers, sandals with heel strap, etc., **flip-flops DO NOT COUNT**)
- Warm jacket, sweatshirt, raincoat or poncho (rain doesn't stop us!)
- Water bottle (we need to stay hydrated)
- Optional: Camera, sunglasses, hat, boots, pencil, and tablet
- Medications in original container if applicable.
- White T-Shirt for tie-dying



All medications, including over the counter medications, must be given to designated staff member. All medications must be in their original containers.



DO NOT BRING: Pets, knives or any weapons, fireworks, computer games, iPods, radios, cell phones, personal sports equipment (unless permission is given by camp director), halter tops, pop, candy, gum or snack foods.

FIREWORKS, ALCOHOL, ILLEGAL DRUGS, AND TOBACCO PRODUCTS ARE PROHIBITED

CAMP FREDERICK IS NOT LIABLE FOR ANY LOST OR BROKEN ITEMS

Tips for Preventing Homesickness

Sending your child to camp for the first time (or the fifth) can be nerve-racking! You're worried about them being away from home for so long and about them being homesick. Fortunately there are a few things you can do before arriving to help.

- Remember homesickness is normal! Most people have experienced homesickness at one time or another. Dealing with homesickness can help develop great coping skills.
- Be positive! Tell your child how excited you are for them, expect them to succeed not to fail. If you're negative and anxious they'll pick up on that and become negative and anxious.
- Don't promise to bail them out if they "don't like it". One night of homesickness won't ruin the whole week at camp. They'll learn and grow a lot from this experience.
- Practice being away from home prior to coming to camp. Have sleepovers at a friend's or relative's house to get used to being away.
- Role play some experiences they may have at camp like using a flashlight to get to the bathroom.
- Get them involved in preparing for camp. Help pick out camping supplies they need and packing their bags.
- Don't bribe your child, this sends the wrong message.
- Pack a personal item from home like their favorite teddy.
- We highly discourage calls from home. They are having fun and are distracted during the day, talking to someone at home can bring those feelings of homesickness to the forefront causing them to be even more homesick than they were before. If you wish to know how your child is doing the staff will happily talk with you.
- Don't plan any major changes at home while your child is away. Part of the anxiety of homesickness comes from the guilt of leaving family behind and the fear of things changing without them.
- Come visit the camp before hand so they have a level of comfort with their new surroundings. Call the office and we'll set up a tour.

Remember it's only 5 nights away from home your child can do it and so can you.