

2017 Summer Camps



CAMP COST

\$270 EARLY BIRD
POSTMARKED JUNE 1, 2017

\$290
AFTER JUNE 1

FAMILY DISCOUNTS AVAILABLE

Families with four students will pay less than in 2016!*

*with Early Bird discount

Camp Costs are Non-refundable, but are Transferrable

CAMP LOCATION

Rumney Bible Camp,
31 Gilford Ave., Rumney, NH 03266

INFORMATION

1. Send registration form along with full payment, made payable to NNED AG, to 501 Riverside St, Portland, ME 04103-1034.
2. Camp fees include lodging, meals, camp shirt and recreational activities. Spending money for the snack bar is recommended.
3. We encourage campers to register early to assure them a place at camp. All registrations are filled on a first-come, first-served basis. Space is limited.
4. Arrival time is 1:00-2:30 PM on Monday.
5. Departure time is 12:00 PM on Friday (Please be prompt).
6. All campers will stay in supervised dorms/cabins. Dorms/cabins are not air conditioned.
7. Daily "Mail Call" is a highlight of Camp. Letters must be mailed one week prior to start of camp in order for the camper to receive it.
DO NOT SEND YOUR APPLICATION TO THIS ADDRESS!

Camper's name/NNED AG Camp
c/o Rumney Bible Conference - White Mountain Camps
PO Box 599
Rumney, NH 03266

8. Campers are requested not to call home unless there is an emergency. Permission to use the camp phone must be approved by the Camp Director. Incoming calls are also discouraged unless there is an emergency.
In case of an emergency, you may leave a message by calling the camp at (603) 786-9504, or by calling the District Office at (207) 878-2777.
9. **DIRECTIONS:** From points south and east, take Interstate 93 to exit 26; west 5 miles to the traffic circle. Follow signs west towards Rumney on Route 25. Turn left at the first blinking amber light approximately 3 miles past traffic circle. Upon entering the grounds make a quick left to Wright Lodge.
From Vermont and points west, take I-91 to Fairlee, VT (exit 15). Cross over bridge into Orford, NH. Take Route 25A east to Route 25 east. Follow to Rumney; turn right at second blinking amber light. Upon entering the grounds make a quick left to Wright Lodge.
10. Registration for campers will be inside Wright Lodge.

CAMP RULES

1. Campers are under the authority of the camp staff during their stay at camp.
2. Campers are not permitted to leave the camp unless a written request by a parent/legal guardian is presented at registration.
3. Campers are expected to conduct themselves in an appropriate manner at all times and to attend all scheduled activities.
4. Use of tobacco, drugs, alcohol or other illegal contents is strictly forbidden.
5. No profanity, disrespectful or crude conversation is to be used.
6. The use of electronic devices during services is strongly discouraged.
7. Keep your room clean. Room checks will be done during morning Chapel services.
8. Respect other camper's belongings.
9. Check Out at the end of the week at the registration table. Each camper will be free to go home AFTER their room has been cleaned and approved by the Camp Director.

Campers should understand that violations of camp rules may result in disciplinary action, and/or the contact of their parent/legal guardian with the possibility of being sent home and forfeiting their camp fee.

WHAT TO BRING

- Clothes. T-shirts, tank tops that cover the shoulder, shorts, etc.
No spaghetti strap tops or midriffs permitted, shorts must be “fingertip” length
- One outfit that can get ruined. We usually have one game that is extremely messy and may stain clothes.
- 1-Piece Swimsuits
Tankini style is acceptable if stomach is covered
- Sleeping bag or sheets, blanket, and pillow
- Personal Care items: Soap, shampoo, deodorant, toothpaste, etc.
- Medications
Please Note: Any prescription drugs brought to camp must be in their original bottle. Please see instructions on Statement of Health page.
- Towels for showers & swimming
- Flashlight
- Bible & Notebook
- Bug Spray
- Camera
- Sneakers (Sneakers must be worn during game time)
- Spending Money
- Optional: Decorations for room

Mark Your Belongings. We are not responsible for lost or stolen items.

MANDATORY!

N.H. State law requires each camper to have a full medical examination within two years of the opening day of camp. This exam must be verified via the proper signature (See the Physician’s Statement of Examination form). Call the District Office at (207) 878-2777 or email karen@nnedaog.org to see if there is a current Physical on file. Download the Physician’s Statement of Examination from our website, www.nnedaog.org/CAMP.htm, complete with your Physician’s Signature & Return with your Application. **The AUTHORIZATION FOR TREATMENT on the bottom of the Statement of Health must be signed.** All prescription medication must be brought to camp in their original containers with prescribed instructions.

Camp Registration Costs

Check all that apply:

Early Bird Registration for one child - **\$270** Postmarked by June 1, 2017

Each Additional Child from same household - \$230 each

2nd Child: _____

Check Camp(s) Attending: Youth Camp Kid's Camp

3rd Child: _____

Check Camp(s) Attending: Youth Camp Kid's Camp

4th Child: _____

Check Camp(s) Attending: Youth Camp Kid's Camp

Regular Registration for one child: **\$290** - This applies to any and all registrations postmarked after June 1**

Each Additional Child from same household - \$260 each

2nd Child: _____

Check Camp(s) Attending: Youth Camp Kid's Camp

3rd Child: _____

Check Camp(s) Attending: Youth Camp Kid's Camp

4th Child: _____

Check Camp(s) Attending: Youth Camp Kid's Camp

Paint Ball (Youth Camp Only) – Additional \$25 per player

TOTAL AMOUNT ENCLOSED: \$ _____

NNED Summer Camp T-Shirts (included in registration price) - please indicate size:

- | | | | |
|--|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Kid's Med. (6-8) | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult 2X |
| <input type="checkbox"/> Kid's Lg. (10-12) | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult X-Large | <input type="checkbox"/> Adult 3X |

For Camp Office Use Only

Check # _____ Check Date _____ Rec'd By _____ Amount Due _____

Amount Paid _____ Paid By _____ Postmarked _____

**Send Completed Registration Form and Fee to:
NNED Camp Ministries
501 Riverside St, Portland, ME 04103-1034**



SUMMER CAMP ♦ STATEMENT OF HEALTH

PERSONAL INFORMATION:

Full Name _____ Birth date ____ / ____ / ____ Male: Female: Age _____

1. YES NO This is the Campers first year at camp.
 2. YES NO Record of current physical is now on file at the District Office. (If you aren't sure if physical is on file, contact the office.)
- ☞ IF YES to question 1, or NO to question 2, THE PHYSICIAN'S STATEMENT OF EXAMINATION MUST BE COMPLETED BY YOUR DOCTOR.

HEALTH HISTORY: *Do not leave any lines blank. If not applicable, write "NONE".*

Nose Bleeds: Yes No ADD/ADHD: Yes No Bed Wetting: Yes No
 Seizures: Yes No Type: _____ Aura: _____
 Diabetes: Yes No How Controlled? Insulin Oral Hypoglycemic Diet

ALLERGIES (It is very important to list medication, environmental and food allergies and what your child has for a reaction):

Medication Allergy: _____ Type of Reaction: _____
 Environmental Allergy _____ Type of Reaction: _____
 Food Allergy: _____ Type of Reaction: _____

Head Aches Migraines Treatment: _____
 Asthma: Yes No Inhaler(s): Yes No
 Type(s) of Inhaler(s) and when used: _____
 Hearing Disability: Yes No Hearing Aids: Yes No
 Visual Disability: Yes No Correct With: Glasses Contact Lenses Other: _____

HEALTH PROBLEMS:

Bone/Joint: Yes No Stomach: Yes No Heart: Yes No
 Kidney: Yes No Lungs: Yes No Bowel: Yes No
 Blood Pressure: Yes No Other: _____ Previous Injuries? _____
 Activity Restrictions? Yes No Reason: _____

PLEASE CHECK MEDICATION AND INDICATE DOSE - As you look at the list of over the counter medications, consider which medications you would want your child to be given for the condition listed. **We will give the dose recommended on the bottle.** If none are listed and the need arises we will have to call you, which would delay care for your child. We will stock the medications listed in generic form; if you have specific brands you would prefer, please send them with your child in a bag labeled clearly with their name.

- | | | |
|--|---|---|
| <p>1. PAIN/HEADACHES:
 <input type="checkbox"/> Acetaminophen (Tylenol): How many? _____
 <input type="checkbox"/> Ibuprofen: How many? _____</p> | <p>3. STOMACH:
 <input type="checkbox"/> Tums</p> <p>4. SKIN TREATMENT:
 <input type="checkbox"/> Neosporin
 <input type="checkbox"/> Benadryl Cream / <input type="checkbox"/> Anti-Itch Cream</p> | <p>5. COLD/COUGH:
 <input type="checkbox"/> Cough Drops</p> <p>6. SWIMMER'S EAR:
 <input type="checkbox"/> Auro-Dri</p> |
|--|---|---|

PARENTS: IF YOU DO NOT FILL OUT THIS BOX, THE CAMP NURSE WILL CALL YOU FOR PERMISSION BEFORE GIVING YOUR CHILD ANY OF THESE OVER THE COUNTER MEDICATIONS.

PRESCRIBED MEDICATIONS (Please have the medications in their original bottle, in a zip lock bag with your child's name clearly on the bag):

Name of Medication	Reason Prescribed	Dose Prescribed	Time(s) To Be Given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:

Special Instructions:

☆AUTHORIZATION FOR TREATMENT:

To my knowledge, the information contained in this health history form is correct and the person herein described has permission to engage in all prescribed camp activities, except as noted.

I hereby give my permission to the medical personnel, selected by the camp director, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed form may be photocopied for trips out of camp.

I also give my daughter/son permission to receive the above medication(s) when necessary during the week of Camp which will be administered by the Camp Nurse or her designee.

☞ PARENT/GUARDIAN'S SIGNATURE _____ Date _____

PHYSICIAN'S STATEMENT OF EXAMINATION

Mandatory New Hampshire State law requires **all campers** and to have a physical within 2 years of the start date of camp!
Current physical must be on file at the District Office.

Patient's Name _____ Date of Birth _____

Special Medications _____

Allergies _____

Type of Reaction _____

Treatment Given _____

Physical Handicaps, Disorders, Diseases _____

Restricted Activities _____

Reason(s) _____

IMMUNIZATION RECORD

This Patient been immunized against the following *(Please indicate the dates of immunizations):*

DPT: _____ **HepB:** _____ **OPV:** _____ **MMR:** _____
(Diphtheria, Pertussis, & Tetanus) (Hepatitis B) (Oral Polio Vaccine) (Measles, Mumps, & Rubella)

DT: _____ **Td:** _____ **TB:** _____
(Diphtheria & Tetanus) (Booster for Tetanus & Diphtheria) (Tuberculosis)

New Hampshire statutes require the student to have documentation of immunizations to attend camp, except in the case of a Medical Exemption or an appropriate parental objection. If either is the case, please attach a signed statement stating the exemption or objection to this form.

FEMALES ONLY:

Has this person menstruated? YES NO If YES, is her history normal? YES NO

Special Considerations _____

Physician's Name _____

Address: _____ City _____ State _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

 **Physician's Signature** _____ Date _____

**WHEN COMPLETED, PLEASE SEND THIS FORM TO:
NORTHERN NEW ENGLAND DISTRICT A/G ♦ ATTN: CAMP DEPARTMENT
501 RIVERSIDE STREET ♦ PORTLAND, ME 04104-1034
OR FAX TO: (207) 878-2779**