

## NNED CAMPS 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. There are **no multi-family discounts this year**, so we encourage campers to register before the early bird deadline.
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!**

Your Camper  
NNED Kid's/Teen Camp  
% Fair Haven Camps  
81 W Fair Haven Ln  
Brooks, ME 04921

8. Campers are requested not to call home unless there is an emergency. In case of an emergency, you may leave a message by calling the camp at (207) 722-3456, or by calling the District Office at (207) 878-2777.
9. **CHECK-IN:** Registration check-in for Kid's Camp and Teen Camp will take place at the lodge at **West Haven Camp**.

### 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.
- 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) for girls, boxer-style swim trunks for guys.
- Sleeping bag or sheets and blanket, pillow
- Personal Care items: Soap, shampoo, deodorant, toothpaste, etc.
- Medications: Please have prescription or Over-the-Counter (that are different from our list on the Statement of Health) medications **in their original bottle, in a zip lock bag with your child's name clearly on the bag**
- Towels for showers & swimming
- Bible, Notebook and Pen/Pencil
- Bug Spray
- Camera
- Sneakers (Sneakers must be worn during game time)
- Spending Money
- Optional: Decorations for room

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



## Camp Registration Costs

### Check all that apply:

- Early Bird Registration: \$240 - Postmarked by May 25, 2018
- Regular Registration: \$280 - \*\*this applies to all registrations postmarked after May 25\*\*

### Optional Upgrades:

- Pony Ride: 1 Hour (Kid's Camp Only) – Additional \$25 per person
- Horseback Trail Ride: 2 Hours (Teen Camp Only) – Additional \$25 per person
- High Ropes Course (Teen Camp Only) – Additional \$20 per person

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

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

- Kid's Med. (6-8)
- Kid's Lg. (10-12)
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large
- Adult 2X

### **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 \_\_\_\_\_

**HEALTH HISTORY:** Do not leave any lines blank. If not applicable, write "N/A".

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 you have 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: \_\_\_\_\_

**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)

PLEASE CHECK MEDICATION AND INDICATE DOSE FOR STUDENTS UNDER 18 - As you look at the list of over the counter medications, consider which medications you would want your LIT 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 student. We will stock the medications listed in generic form; if you have specific brands you would prefer, please send them with your student in a bag labeled clearly with their name.

- |  |   |   |
|--|---|---|
| <p><b>1. PAIN/HEADACHES:</b></p> <p><input type="checkbox"/> Acetaminophen (Tylenol): How many? _____</p> <p><input type="checkbox"/> Ibuprofen: How many? _____</p> <p><b>2. ALLERGIES:</b></p> <p><input type="checkbox"/> Claritin (non-drowsy)</p> <p><input type="checkbox"/> Benadryl (Liquid)</p> | <p><b>3. STOMACH:</b></p> <p><input type="checkbox"/> Tums</p> <p><b>4. SKIN TREATMENT:</b></p> <p><input type="checkbox"/> Neosporin</p> <p><input type="checkbox"/> Benadryl Cream / <input type="checkbox"/> Anti-Itch Cream</p> | <p><b>5. COLD/COUGH:</b></p> <p><input type="checkbox"/> Cough Drops</p> <p><b>6. SWIMMER'S EAR:</b></p> <p><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 STUDENT ANY OF THE OVER THE COUNTER MEDICATIONS ABOVE.**

**PRESCRIBED MEDICATIONS (\*\*PLEASE HAVE MEDICATION(S) 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.

STAFF/PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company/Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_