

NNED CAMPS INFORMATION

1. Send registration form along with full payment, made payable to **NNED AG, to 501 Riverside St, Portland, ME 04103-1034. To pay camper registration fee with a credit/debit card, please go to <http://nnedaog.org/events/youth-camp/>.**
2. Camp fees include lodging, meals, 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. **CHECK-IN:** Registration check-in for Kid's Camp and Teen Camp will be from **1:00 - 2:30 PM** on each Monday of camp.
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 THE ADDRESS BELOW!**

Camper Name
NNED Kid's Camp/Teen Camp
% Faith Bible College International
29 Main Rd.
Charleston, ME 04422-3137

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 (207) 859-0023, or by calling the District Office during business hours (8:00 AM - 4:30 PM) at (207) 878-2777.
9. There will not be a camp t-shirt this year. We will have other fun items to give to our students when they check in!

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 must stay in their rooms after "lights out." Any camper caught outside after this time without a proper reason will be sent home.
4. Campers are expected to conduct themselves in an appropriate manner at all times and to attend all scheduled activities.
5. Use of tobacco, drugs, alcohol or other illegal contents is strictly forbidden.
6. No profanity, disrespectful or crude conversation is to be used.
7. Turn in any iPods, electronic games, cell phones, etc. that you bring to camp. They will be returned during checkout.
8. Keep your room clean. Room checks will be done during morning small groups.
9. Respect other camper's belongings.
10. Do not damage or deface any camp property. If something is broken, report it immediately. Unnecessary damage will be charged to the person(s) responsible. If the guilty person(s) cannot be found, then the cost of the repair will be shared by each camper in the room.
11. 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.

The lack of cooperation, unnecessary roughness, lack of respect for property, or an unwholesome attitude on the part of any camper will result in expulsion from camp. Parents are encouraged to explain these rules to their children and encourage compliance while at camp. Parents will be responsible for the transportation home of any dismissed camper. No refunds will be given.

WHAT TO BRING

- Day time wear is casual. "Modesty" is the rule. T-shirts and shorts are acceptable. NO tank tops, midriffs, sleeveless or tube tops, strapless dresses, miniskirts, or short shorts are permitted. Shorts must be "fingertip length." Under garments must be worn and not seen. For safety, shoes are to be worn at all times throughout the camp.
- 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 or two-piece swimsuits can be worn with a dark t-shirt over it) 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 - bring at least two pairs because we will be outside even if it's wet!
- Spending Money
- Optional: Decorations for room

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

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

2021 NORTHERN NEW ENGLAND SUMMER CAMPS

- | | |
|---|---|
| <input type="checkbox"/> Entered in to the Computer | <input type="checkbox"/> Authorization Signatures |
| <input type="checkbox"/> Payment PAID In Full | <input type="checkbox"/> Medical Form Signed |
| <input type="checkbox"/> Confirmation Sent | <input type="checkbox"/> Immunization Record |

Please Check Which Camp your Child will be Attending:

- KIDS CAMP: JULY 5-9 (AGES 8 - 12)** **TEEN CAMP: JULY 12-16 (AGES 12 - 17)**

EVERY AREA OF THIS APPLICATION MUST BE COMPLETED! - Your child won't be registered until a completed application is received.

First Name _____ Last Name: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Grade Completed: _____ Date of Birth: ____/____/____

Age: ____ Gender at Birth: Male: Female: Email to Confirm Camp: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Has camper been convicted of any crimes or currently on probation? Yes No

If yes, explain _____

CAMP REGISTRATION COSTS

✓Check one of the following:

TEEN CAMP:

- Early Bird Registration: \$250** - Postmarked by June 1, 2021
 Regular Registration: \$300 - **this applies to all registrations postmarked June 2-25**
 Late Registration: \$350 - **this applies to all registrations postmarked after June 25 (subject to availability)**

KIDS CAMP:

- Early Bird Registration: \$250** - Postmarked by June 1, 2021
 Regular Registration: \$300 - **this applies to all registrations postmarked June 2-25**
 Late Registration: \$350 - **this applies to all registrations postmarked after June 25 (subject to availability)**

PARENTAL AUTHORIZATION: The health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician in writing at the time of registration. I hereby release and waive any and all claims against Northern New England District AG Camps, Faith Bible College, and its staffs arising from his/her participation in Northern New England AG Camps. **IN CASE OF EMERGENCY**, I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, nurse, dentist, or emergency personnel. I also hereby understand that if my child refuses to adhere to the camp policies listed herein, I may be called to bring him/her home immediately. I also hereby give permission to the camp counselor and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also hereby give permission for my child to be transported off grounds to participate in the recreation activities of the camp program. **I authorize NNED Camp Ministry to use my child's likeness in photographs or video in any and all of its publications and in any and all media pertaining to camp. I will make no monetary or other claims against NNED Camp Ministry for the use of such photos and/or videos. This record is confidential and viewed by appropriate staff only.**

Parent/Guardian Signature: x _____ Date: ____/____/____

★Only an **authorized person** designated on this form may remove a camper from camp only with proper identification. Please list authorized person(s) _____

Is there anyone to whom we should **NOT** release your child? Please list complete name(s) _____

I will abide by all camp rules. I understand violation of these guidelines may result in my immediate dismissal from camp at parent/guardian's expense.

Signature of Camper: X _____

Desired Roommate (Limit 2 Names): _____

Please check with desired roommate to confirm they are listing you and attending the same week. Roommate **MUST** also pre-register.

Church Name/City/State: _____

Youth Pastor or Senior Pastor's Signature: X _____

*****TO PAY WITH A CREDIT/DEBIT CARD, PLEASE GO TO OUR CAMP PRE-REGISTRATION PAGE, [HTTP://NNEDAOG.ORG/EVENTS/YOUTH-CAMP/](http://NNEDAOG.ORG/EVENTS/YOUTH-CAMP/)*****

For Camp Office Use Only

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

Amount Paid _____ Paid By _____ Postmarked _____

SUMMER CAMP STATEMENT OF HEALTH

PERSONAL INFORMATION:

Full Name _____ Birth date ____/____/____ Gender at Birth: 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 **Activity Restrictions?** Yes No **Reason:** _____
Special Considerations: _____

IMMUNIZATION RECORD

This Patient been immunized against the following (Please indicate the dates of immunizations or attach copy of record):

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.

- 1. PAIN/HEADACHES:**
 Acetaminophen (Tylenol): How many? _____
 Ibuprofen: How many? _____
- 2. ALLERGIES:**
 Claritin (non-drowsy)
 Benadryl (Liquid)
- 3. STOMACH:**
 Tums
- 4. SKIN TREATMENT:**
 Neosporin
 Benadryl Cream / Anti-Itch Cream
- 5. COLD/COUGH:**
 Cough Drops
- 6. SWIMMER'S EAR:**
 Auro-Dri

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.

✍️ **PARENT SIGNATURE** _____ **Date** _____

Insurance Company/Address: _____

Policy #: _____ **Group #:** _____