

2020 GIRLS CAMP REGISTRATION FORM

[Parents: Please carefully print all information ... cursive only when signing your name)

****If your child has had a fever for any reason, consult a physician, so that if it is something else, the doctor can clear them to attend camp!**

Check appropriate Camp

_____ **Younger Girls Camp (Grades 3-6 completed): July 26- July 29, 2020;**
Younger Camp Check-in: 3 PM Sunday, July 26; Cost: \$97.50.

_____ **Older Girls Camp (Grades 7-11 Completed): July 29-August 1, 2020**
Older Camper Check-in: 3PM Wednesday, July 29; Cost \$97.50

_____ **Training Track Campers: July 24-August 1, 2020 – Upon notification of acceptance**
Check-in: 3PM, Friday, July 24; Training Track Camper Cost: \$195

Camper's Full Name _____ Preferred Name _____

Age _____ Date of Birth _____ T-Shirt size _____

Grade completed (as of camp date) _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Parent's email address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Your Church _____

Church Address _____

Church City _____ State _____ Zip _____

Is camper attending camp with a church other than their own? _____ Yes _____ No

If yes, write the name, city, and state of the church attending with:

Has camper ever made a public profession of faith in Jesus Christ as their Lord and Savior?

_____ Yes _____ No If yes, when and where? _____

I understand that campers are not to bring cell phones to camp – and are not permitted to receive or make calls/text while at camp. I will not send these items with my camper _____ (Initial)

My child and I agree to abide by the rules of the camp established by the camp director and the campground owner. Should the need arise, after talking with me, the director may send my child home at my expense in order to maintain camp discipline.

Parent/Guardian Name [Please Print] / Date / Signature

Make Checks payable to Farmington Conference Center.
Mail fee with all registration forms and volunteer camp staff applications to:
Girls Camp @ FCC, P. O. Box 148, West Farmington, ME 04992

If your child has had a fever for any reason, consult a physician, so that if it is something else, the doctor can clear them to attend camp!

Parents: This form must be filled out for each camper attending camp.
Campers will not be allowed to attend camp without this completed form.

_____ has my permission to attend Girls Camp @ Farmington at the Farmington Conference Center, Farmington, ME on the following dates _____.

She has my permission to participate in recreation. _____[Initial]

She has my permission to swim. _____[Initial]

She has my permission to be transported for field trips away from the Farmington Conference Center. _____[Initial]

She has permission to engage in all camp activities except as noted. _____(initial)

Photography Permission for Participant Attending Camp

On some occasions, photography/video will be taken of participants as they participate in the activities at camp. These photographs/video clips will only be used for promotion of Girls & Boys Camps and Farmington Conference Center. These promotions could be by way of brochures, mailings, web page, video, CD to each participating church, newspaper articles, special mailings. At no time will the names of campers be in any of these promotions. Your signature gives us permission to use photographs/videos taken at camp for the use of promotion as listed above.

Camper's Name: _____

Signature _____
(Parent or Guardian)

In case of medical emergency in which I cannot be reached, the adult leadership has my permission to contact a physician to provide any necessary medical attention for the above-named child.
_____ [Initial]

In consideration of the opportunity for the above-named child to participate in the Camp, I hereby agree to indemnify and defend the Farmington Conference Center as well as all Officers, Employees, Chaperones, Representatives, and Volunteers thereof, from:

- All liability for any property damage by, personal injury to, or loss of consortium of the above-named child and
- All liability whatever arising from any acts or omissions of the above-named child while going to, during, and returning from the Camp.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

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COVID 19 Liability Release Waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID 19), Girls Camp at Farmington along with Farmington Conference Center are taking extra precautions to protect our campers and staff with enhanced sanitation/disinfecting procedures in compliance with CDC guidelines.

Symptoms of COVID 19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID 19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID 19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID 19 in the past 30 days.
- I understand that Farmington Conference Center/Girls Camp at Farmington has taken all reasonable safety and sanitation precautions but cannot guarantee that I will not be exposed to COVID 19 while at camp, and that Farmington Conference Center/Girls Camp at Farmington cannot be held liable for any possible exposure.
- **I understand that if my child comes down with a fever during camp, she will be placed in isolation. You will be notified immediately and will need come or have someone come pick her up within 2 hours of our call to you.

By signing below, I agree to each statement above and release Farmington Conference Center/Girls Camp at Farmington from any and all liability for unintentional exposure or harm due to COVID 19.

Name _____ Date _____

Signature _____ Date _____

Your signature on this form is required before your camper will be allowed to stay at camp.

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2020 Girls and Camp Medical Form - Pg.1

If your child has had a fever for any reason, consult a physician, so that if it is something else, the doctor can clear them to attend camp!

Name of the camper _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

Emergency Telephone _____

Family Physician _____ Telephone _____

Insurance Company and Policy Number _____

Medical Check-off List for Camper

_____ Asthma? Submit an asthma action plan from the doctor

_____ Copy of physical from physician (completed within the last year)

_____ Copy of immunizations from physician – must include notarized medical or religious exemptions for any state required immunizations that have not been given

Allergies – food, insects, plants, etc. _____ Yes _____ No

List: _____

What symptoms does your child have and what is the treatment?

_____ Epi Pen _____ Benadryl _____ None

List: _____

What symptoms does your child have and what is the treatment?

_____ Epi Pen _____ Benadryl _____ None

List: _____

What symptoms does your child have and what is the treatment?

_____ Epi Pen _____ Benadryl _____ None

If your child requires emergency medications, please include the allergy action plan that has been completed by your physician and signed by a parent/guardian.

Does your child have any diet restrictions? _____ Yes _____ No

If so, please identify:

Be sure you check for and treat for Head lice before coming to camp (Do this several days a week before camp and again the night before Camp Check-in).

All campers are checked for Head Lice during check-in. No camper with head lice will be allowed to stay and we want all campers to be able to stay for the camp.

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If your child has had a fever for any reason, consult a physician, so that if it is something else, the doctor can clear them to attend camp!

Camper _____

If your child has one of the following medical issues that we should be aware of, please describe below and speak with the camp medical personnel at camp check-in.

Eating Disorder _____

Anxiety _____

Sleeping difficulty _____

Rashes _____

Other _____

Any prescription medications that are to be given during camp must be accompanied by instructions from the prescribing physician and MUST be in their original pharmacy container.

*****Any medication that is otherwise presented will not be allowed to be given per State Law.**

List all prescriptions on the Prescription Form (Pg. 6)

Over-the-counter medications must be in their original container with Camper’s Name clearly on it along with written instructions including why, how, and when they are to be given.(i.e. seasonal allergy meds, menstrual cramps, vitamins, etc.)

Please check off below for permission for camp nurse to administer over-the-counter medications:

- Acetaminophen (Tylenol) yes _____ no _____
- Ibuprofen (Advil, Motrin) yes _____ no _____
- Diphenhydramine (Benadryl) yes _____ no _____

The included Medication Form must be completed by parents/guardians with the names of all medications, what they are given for, times to be given and any other special instructions.

These will be kept by the Camp Medical Personnel to make sure they are administered as directed.

Campers may not have any medications in their cabins unless they are for emergency use and the camp has written permission from their doctor (Inhalers and Epi-pens).

Parent/Guardian must fill in and sign below!

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above.

I understand that the camp health personnel will care for minor injuries and pains according to the Camp Medical Standard Orders Sheet. (These include but are not limited to: stomachaches, headaches, bug bites, minor scrapes and scratches.)

I, _____, have completed and signed this form and give permission for any of the medications listed above to be given as directed as well as any prescription meds brought to the camp as indicated on the Prescription Form.

Parent/Guardian Signature _____ Date _____

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HEALTH MONITORING BEFORE COMING TO CAMP!

COVID-19 INSTRUCTIONS

We are including a Daily Health Monitoring Form (Pg.7) to assist you as you monitor your child's/children's health before bringing them to camp check-in.

Please complete this "Daily Health Monitoring Form" for 14 days prior to camper check-in date. Use the copy included so that you can answer the questions below and bring with you to check-in!

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

People with these symptoms may have COVID-19: Each camper will be asked the following questions at check-in. Bring with you the chart (online or hard copy) to show that you have checked your camper for the required time period before bringing your camper. In the questions below, You = Name of Camper.

1. Has your child had a fever (100.4 or above) or chills? Check daily.
 - No
 - Yes

2. Has your child had a cough or difficulty breathing (not related to asthma or allergies)?
 - No
 - Yes

3. Has your child had unexplained muscle aches or fatigue?
 - No
 - Yes

4. Has your child had Nausea, vomiting or diarrhea?
 - No
 - Yes

5. Has your child had a new loss of taste or smell?
 - No
 - Yes

6. Has your child been diagnosed with COVID 19?
 - No
 - Yes

7. Have you or child been in close contact with someone diagnosed with COVID 19 or been exposed to someone with symptoms or a confirmed or suspected case.
 - No
 - Yes

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Camper Name _____

Please put in the actual temperature each day for the Daily Temperature Log.

For all other questions, answer yes or no to all questions

| DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| Daily Temperature Log | | | | | | | | | | | | | | |
| Has your child had cough or breathing difficulty (not related to asthma or allergies?) | | | | | | | | | | | | | | |
| Has your child had unexplained muscle aches or fatigue? | | | | | | | | | | | | | | |
| Has your child had nausea, vomiting or diarrhea? | | | | | | | | | | | | | | |
| Has your child had a new loss of taste or smell? | | | | | | | | | | | | | | |
| Has your child been diagnosed with COVID-19? | | | | | | | | | | | | | | |
| Have you or your child been in close contact with someone diagnosed with COVID-19 or been exposed to someone with symptoms or suspected case of COVID-19? | | | | | | | | | | | | | | |

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Prescription Form

List all prescriptions your child will be taking during camp

All medicine must be brought in the original prescription container.

If your child has had a fever for any reason, consult a physician, so that if it is something else, the doctor can clear them to attend camp!

List the name of the prescription and the dosage for each day your child will be at camp. If medicine needs to be taken at a specific time other than meals, please list the exact time prescription it needs to be taken: (ex: evening: Bedtime, afternoon: 2:00 PM or AM, etc.)

Camper's Name _____ Camp Group _____
(Younger or Older or Training Track)

Prescription: _____

| | Morning | Breakfast | Lunch | Afternoon | Dinner | Evening |
|-----------|---------|-----------|-------|-----------|--------|---------|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

Prescription: _____

| | Morning | Breakfast | Lunch | Afternoon | Dinner | Evening |
|-----------|---------|-----------|-------|-----------|--------|---------|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

Prescription: _____

| | Morning | Breakfast | Lunch | Afternoon | Dinner | Evening |
|-----------|---------|-----------|-------|-----------|--------|---------|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

Make additional copies of this form as needed.

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Bring Camper's Prescription Form to Camp Check-in with all prescriptions in their original containers. Give to Camp Medical Staff.

Campers should also bring the following items:

- Bible

2 New items

- **Water Bottle with name on it *******
- **3 or 4 washable/reusable Face Masks*******

Clothing

- **Modest** Shirts, shorts, and jeans (**no short shorts or halter tops, open midriff, etc.**) – enough for the entire time at camp
- One plain white t-shirt
- **Sneakers** – a couple of pairs (**these must be worn at all times**) – **NO sandals**
- **Socks**
- **One outfit that can be used for very messy games** (one you don't mind getting very messed up)
- **Swim-suit - One-piece (or a two-piece that covers stomach and looks like a one piece)**
- **Water shoes or old sneakers**

Bedding

- **Pillow**
- **Sleeping Bag or Sheets/blanket for a twin sized bed**
- **Towels**
- **Toiletries**
- **Sunscreen**
- **Bug Spray**

- **Money for mission offering**

Campers may not bring the following items to camp:

(these items will be taken up and kept by the camp director until time to go home if brought to camp)

- **Cell Phone**
- **Food/Candy/Gum**
- **I-Pod, CD Player/Video Games/MP3 Players or anything electronic**
- **Anything that might access the internet or communicate with those off campus**

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