



# Camper Registration Form

**2012**

**CAMP FONTANELLE**  
 9677 County Road 3  
 Fontanelle, NE 68044  
 402.478.4296  
 fontanelle@umcneb.org  
 www.campfontanelle.com

**COMECA**  
 75670 Road 417  
 Cozad, NE 69130  
 308.784.2808  
 comeca@umcneb.org  
 www.campcomeca.com

**NORWESCA**  
 79 Norwesca Road  
 Chadron, NE 69337  
 308.432.3872  
 norwesca@umcneb.org  
 www.norwesca.org

Register only one person per form. Please make as many copies as you need for each individual.

<input type="checkbox"/> First Time Camper <input type="checkbox"/> Returning Camper	Name	Grade (as of January 2012)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address	City	State	Zip
		Home Church	
Birthdate	Age (on arrival at camp)	Camper Email (if applicable)	T-Shirt Size (please circle) Youth S M L Adult S M L XL XXL XXXL
Where did you learn about our camps?	This Camper lives with (if minor) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		<input type="checkbox"/> May we share contact information with other parents? <input type="checkbox"/> May we use email to send information to you?
Name of Custodial Parent(s)/Guardian(s) (if minor)		Primary Phone Number	Email

**3 Price Choices**

As non-profit ministries of the Nebraska Annual Conference our three sites need to cover the cost of running high quality, spiritually enriching programs. The true cost of a week-long camp can reach to \$400 or more depending on the program and site. Nebraska United Methodist Camps and the leadership of our three sites understand the financial stress some of our families are facing and are committed to making our program available to all families. **No Child Will Be Turned Away!** Listed with each camp you will find three different price choices. Price C is the closest to the actual cost of each camp. Price A and B are subsidized pricing. This subsidy comes directly from the camp site you choose to attend. Please pick the choice that best fits your family.

- Price A** is the highest subsidy given by each site.
- Price B** is for those families that can afford to pay a little more than Price A.
- Price C** is closest to the actual cost of operation.

Please Note: If you are receiving support from your local church, any organization in the local church, other outside organization, or a Conference scholarship, please select Price C. Please read each camp sites page for more information about the site. If you have any questions please call the site you are choosing to attend.

<p><b>FONTANELLE</b>          Guardian Angel [F101] June 1-2 (Preschool-K)          Guardian Angel [F102] July 21-22 (Preschool-K)  <b>A: \$60 B: \$70 C: \$80</b></p> <p><b>Family Camp</b>          [F001] May 25-27 (Intergenerational)  <b>A: \$80 B: \$100 C: \$130</b></p> <p><b>SonShine</b>          [F103] May 29-31 (Grades 1-2)  <b>SonShine</b>          [F104] July 5-7 (Grades 1-2)  <b>A: \$120 B: \$140 C: \$160</b></p> <p><b>Confirmation</b>          [F601] June 25-28 (Grades 7-12)  <b>Confirmation</b>          [F602] July 9-12 (Grades 7-12)  <b>A: \$175 B: \$195 C: \$215</b></p> <p><b>Leadership Camp</b>          [F605] June 27-30 (Grades 8-11)  <b>Off-Road</b>          [F505] July 23-July 26 (Grades 6-9)  <b>A: \$200 B: \$220 C: \$240</b></p> <p><b>"Tree" Frog</b>          [F201] June 18-21 (Grades 3-4)  <b>A: \$220 B: \$245 C: \$270</b></p>		<p><b>FONTANELLE</b>  <b>F.R.O.G</b>          [F501] June 11-15 (Grades 5-9)  <b>"Tree" Frog</b>          [F502] June 18-22 (Grades 5-9)  <b>Girls Only</b>          [F303] July 23-27 (Grades 3-6)  <b>Man Camp</b>          [F305] Aug 6-10 (Grades 3-6)  <b>A: \$250 B: \$275 C: \$300</b></p> <p><b>Splish Splash</b>          [F304] July 30-Aug 3 (Grades 3-6)  <b>A: \$270 B: \$295 C: \$320</b></p> <p><b>F.R.O.G.G.E.D.</b>          [F701] June 10-15 (Grades 10-12)  <b>Zoobilee</b>          [F301] July 9-12 (Grades 3-6)  <b>A: \$275 B: \$300 C: \$325</b></p> <p><b>Straw Bales &amp; Fields for Energy</b>          [F504] June 25-29 (Grades 6-9)  <b>Giddy Up For God!</b>          [F202] July 16-20 (Grades 3-4)  <b>Saddle Up in the Son</b>          [F503] July 16-20 (Grades 5-9)  <b>Survivor: Wilderness Outpost</b>          [F603] July 30-Aug 4 (Grades 7-12)  <b>A: \$300 B: \$325 C: \$350</b></p> <p><b>Road Rules</b>          [F604] Aug 6-10 (Grades 7-12)  <b>A: \$310 B: \$335 C: \$360</b></p>		<p><b>COMECA</b>  <b>Discovery Day</b>          [C102] July 28 (Pre-2) <b>\$36</b></p> <p><b>Guardian Angel</b>          [C101] June 22-23 (Preschool-K)  <b>A: \$65 B: \$72 C: \$80</b></p> <p><b>SonShine</b>          [C201] June 22-24(Grades 1-2)  <b>A: \$130 B: \$144 C: \$160</b></p> <p><b>Live Like Jesus</b>          [C301] July 5-8 (Grades 3-5)  <b>No Boys Allowed</b>          [C202/C303] June 29-July 2(Grades 3-5/6-8)  <b>Man Camp</b>          [C304] June 25-28 (Grades 3-5/6-8)  <b>A: \$182 B: \$202 C: \$225</b></p> <p><b>Summer Retreat</b>          [C302/C402] July 9-13(Grades 6-8/9-12)  <b>Week In The Son</b>          [C305/C405] June 18-22 (Grades 6-8/9-12)  <b>Tepees, Trails, &amp; Spirit</b>          [C307] July 24-28 (Grades 3-5)  <b>Performing Arts</b>          [C306/C406] July 23-27(Grades 3-5/6-8)  <b>A: \$243 B: \$270 C: \$300</b></p>		<p><b>NORWESCA</b>  <b>Winter Beach Party</b>          [N800] January 13-15 (Grades 5-8)  <b>Guardian Angel</b>          [N101] June 15-16 (Preschool-K)  <b>Connecting with Creation</b>          [N390] June 29-July 1 (Intergenerational)  <b>Guardian Angel</b>          [N102] July 20-21 (Preschool-K)  <b>A: \$60 B: \$70 C: \$80</b></p> <p><b>SonShine</b>          [N103] July 20-22 (Grades 1-2)  <b>A: \$110 B: \$125 C: \$140</b></p> <p><b>DaySpring</b>          [N150] July 5 - 8 (Grades 1-3)  <b>A: \$180 B: \$200 C: \$220</b></p> <p><b>Mission Possible</b>          [N275] July 23-27 (Grades 3-5)  <b>A: \$245 B: \$270 C: \$295</b></p> <p>Please contact Norwesca before registering for CIT, Volunteers in Mission, or as a Volunteer Counselor or Nurse.</p>		<p><b>NORWESCA</b>  <b>God's Notes</b>          [N200] June 18-22 (Grades 3-8)  <b>Expressions in Music</b>          [N201] June 18-22 (Grades 8-12)  <b>Girls Only</b>          [N225] June 25-29 (Grades 3-8)  <b>Camp Hope</b>          [N925] July 5 - 8 (Intergenerational)  <b>(Camp Hope Buddy \$65)</b></p> <p><b>Survivors</b>          [N490] July 30-Aug 3 (Grades 8-12)  <b>A: \$275 B: \$300 C: \$325</b></p> <p><b>Pine Ridge Riders</b>          [N350] July 9-13 (Grades 5-8)  <b>A: \$295 B: \$320 C: \$345</b></p> <p><b>Comeca Fontanelle Norwesca</b>  <b>Volunteers Welcome!</b>          If you are interested in working with campers, doing physical labor or have special skills—please contact one of your camps to see how you can help serve the ministry of camping in Nebraska.</p>	
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<b>SESSION INFORMATION</b>		<input type="checkbox"/> Comeca <input type="checkbox"/> Fontanelle <input type="checkbox"/> Norwesca		"I would like to be in the same cabin as my friend _____"	
Session Name		Dean's Name		Session Dates	
				Session Number	
Cost of Session \$	Family Contribution Amount \$	Local Church or Organization Name & City (if applicable)	Local Scholarship Contribution Amount (if applicable) \$	Conference Scholarship Request Amount (if applicable) \$	



# Camper Health History Form

**2012**

**CAMP FONTANELLE**  
9677 County Road 3  
Fontanelle, NE 68044  
402.478.4296  
fontanelle@umcneb.org  
www.campfontanelle.com

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75670 Road 417  
Cozad, NE 69130  
308.784.2808  
comeca@umcneb.org  
www.campcomeca.com

**NORWESCA**  
79 Norwesca Road  
Chadron, NE 69337  
308.432.3872  
norwesca@umcneb.org  
www.norwesca.org

Complete one form per person. Please make as many copies as you need for each individual.

Camper Name	Birthdate	Primary Phone Number	Session Name
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<b>Name of Primary Emergency Contact</b>	<b>Name of Second Emergency Contact</b>
Address	Address
Preferred Phone(s)	Preferred Phone(s)
Relationship to Camper	Relationship to Camper

**RESTRICTIONS**  I have reviewed the program description and activities of the camp and feel the camper can participate without restrictions  
 I have reviewed the program description and activities of the camp and feel the camper can participate with restrictions or a adaptations.  
**(Please describe on reverse side. Feel free to attach additional information if needed)**

**ALLERGIES**  No Known Allergies  Food  Medicine  Environment (insect stings, hay fever, etc)  Other  
**Please describe on reverse side what the camper is allergic to and the reaction seen.**

**DIET, NUTRITION**  This camper eats a regular diet  This camper eats a regular vegetarian diet  
 This camper has special food needs. **(Please describe on reverse side).**

**This camper is covered by family medical/hospital insurance**  Yes  No Policy Number \_\_\_\_\_  
(Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.)

Insurance Company	Phone	Subscriber
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Camper's Primary Care Doctor	Phone	Camper's Dentist	Phone	Other Healthcare Provider (if applicable)	Phone
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**HEALTH HISTORY** Please circle statements that apply. Explain circled items in the space on reverse side, noting the number of the questions. The camp may contact you for additional information if necessary.

- Has/does the camper:** 1) Ever been hospitalized 2) Ever had surgery 3) Have recurrent/chronic illnesses 4) Had a recent infectious disease 5) Had a recent injury  
6) Had asthma/wheezing/shortness of breath 7) Have diabetes 8) Had seizures 9) Had headaches 10) Wear glasses, contacts, or protective eyewear 11) Had fainting or dizziness  
12) Passed out/had chest pains during exercise 13) Had mononucleosis during the past 12 months 14) If female, have problems with periods/menstruation  
15) Have problems with falling asleep/sleepwalking 16) Ever had back/joint problems 17) Have a history of bedwetting 18) Have problems with diarrhea/constipation  
19) Have any skin problems 20) Traveled outside the country in the past 9 months (please name countries visited and dates of travel) 21) Ever been treated for ADD or ADHD  
22) Ever been treated for emotional or behavioral difficulties or an eating disorder 23) During the past 12 months, seen a professional to address mental/emotional health concerns?  
24) Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**IMMUNIZATION HISTORY** Please check current immunizations. *Italicized immunizations must be current:*

*Date of last tetanus booster (dT) or (TdaP):* \_\_\_\_\_

*Diphtheria, tetanus, pertussis (DTaP) or TdaP*  *Mumps, measles, rubella (MMR)*  *Polio (IPV)*  *Haemophilus influenzae type B (HIB)*  
 *Pneumococcal (PCV)*  *Hepatitis B*  *Hepatitis A*  *Varicella (OR date of chicken pox \_\_\_\_\_)*  *Meningococcal meningitis (MCV4)*

**If your camper has not completed these immunization requirements, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

<b>Camper Name</b>	<b>Birthdate</b>	<b>Primary Phone Number</b>	<b>Session Name</b>
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**MEDICATION** "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications (including over-the-counter medications) need to be in the original containers and must be turned in upon arrival at camp (with the exception of inhalers) and accompanied by written instructions for the medical staff person. Please discuss needed medications or special health concerns with the medical staff person at check-in.

**This camper will not take any daily medications while attending camp**       **This camper will take medication(s) while at camp. (Please List)**

Name of Medication	Date Started	Reason For Taking It	When It Is Given	Amount or Dosage Given	How It Is Given

I give permission for over-the-counter medications to be administered to my child if the health care staff deems necessary. I understand that medications will be administered per instructions in the camp's healthcare handbook, which is approved by a physician, that dosages will be administered according to the directions on the bottle unless a physician directs otherwise, and that the health history form will be reviewed for allergies and parental recommendations prior to administration of over-the-counter medications. (Please list below any over-the-counter medications that you **DO NOT** want administered to your child.)



Signature of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

We need to know who will be picking up your camper on the last day of camp. If this information changes prior to or during your child's stay at camp, please call us to provide updated information. **Name of Person Picking Up Camper at Check-Out:**

**What Have We Forgotten to Ask?** To help make your child's visit to camp successful, it is vital that we are aware of any unique needs or special concerns they may have. Please provide description of restrictions, allergies, diet, nutrition, information about the camper's health, special learning considerations, family circumstances, relevant experiences, or anything that will help us better prepare for your child's upcoming camp visit. **Please attach additional information if needed.**

**IMPORTANT—THIS BOX MUST BE READ AND SIGNED FOR ATTENDANCE**

Each United Methodist Camp and Retreat Center ("Camp") in the Nebraska Annual Conference of the United Methodist Church ("Conference") offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging, transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors, such as hiking, boating, swimming, campfires, fishing, low and high rope courses, horseback riding, archery, tree climbing, and other opportunities. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities. Additional releases for special activities may be required. I understand that reasonable measures will be taken to safeguard the health and safety of all participants. I understand that some camp activities have inherent risks of serious injury or death. The person described has permission to participate in all camp activities except as noted on this form and accompanying information. I understand that participation in camp activities and receipt of camp services is voluntary, that I/my child may decline to participate in any activity, and that I/my child has the obligation to notify a camp official of anything I/they feel to be unsafe and, if necessary, to immediately leave the area or stop participating in the event which I/they feel may be unsafe. I will assure that I/my child is properly prepared and able to participate, willing to abide by camp policies, and follow directions of camp personnel. I understand that I/my child may be transported in a licensed, insured Conference vehicle or a licensed, insured private vehicle.

This health history is correct and accurately reflects the health status of the camper to whom it pertains. I understand I will be notified as soon as possible in case of any emergency or illness affecting my child. I understand that I/my child may be transported in a licensed, insured Conference vehicle or a licensed, insured private vehicle. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I authorize listed emergency contacts and/or camp staff to act on my behalf. Furthermore, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I accept responsibility for the costs of such treatment. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I understand that my child can be dismissed from camp for reasons including, but not limited to: contagious illness, chronically disruptive behaviors, illegal activity, breaking of camp rules, or destruction of property. If my child is dismissed from camp, I understand it is my responsibility to arrange and pay for transportation for my child to return home, and that no refunds will be issued for campers going home early for disciplinary action or because they are missing home.

Unless I have checked the box below, I give Nebraska UM Camps permission to take and use photographs or other media representations of myself or my child in promotional material, including websites, brochures, videos, and other means. I understand that my child will not be named in this material.

**I DO NOT want Nebraska UM Camps to use any images of my child for promotional materials.** (Please initial and send current photo to be used later to identify camper)



I have read and understand the authorization section and will abide by judgments made by Nebraska UM Camp staff.  
Signature of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Camper \_\_\_\_\_



With my parents/guardian, I have completed the above information and will assume responsibility for taking my medication as administered by camp staff and for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety, behavior, and well-being while at camp.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_