

## 2024 GIRLS CAMP REGISTRATION FORM

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

All Campers must have completed either grade 3 or a higher grade through senior year of high school.

**Please Check Camp Session(s)**

\_\_\_\_\_ Session 1: Girls Camp: July 8, 2023 – July 3 at 11:30 a.m.

Check-in: Monday, July 10 at 11 a.m. Cost: \$97.50

Parent pick-up, if not attending session 2: Wednesday, July 12 at 11:30 a.m.

\_\_\_\_\_ Session 1 & 2: Girls Camp: July 8- July 13, 2023

Check-in: Monday, July 8 at 11 a.m. Cost for both sessions: \$195.00

Pick-up: Saturday, July 13 at 11:30 a.m.

\_\_\_\_\_ Training Track Campers: July 5, 2023 – Upon notification of acceptance

Check-in: 3PM, Friday, July 5; Pick-up Saturday, July 13 at 1:30 a.m.

**Cost for camper for each session is \$97.50; Cost for both sessions: \$195; Training Track cost: \$195**

Camper's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ 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 \_\_\_\_\_

**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**

Church City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Is the 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

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## **2024 SUMMER CAMP PERMISSION and INDEMNIFICATION FORM**

**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, or a private FB Page for people following FCC. 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. **If you would like your child to be exempted from any photos please let us know at drop-off that we do not have permission** to have photographs/videos. By signing below, you are giving us permission to take photos/videos of your child(ren):

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.

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Parent/Guardian Name \_\_\_\_\_  
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## 2024 GIRLS CAMP REGISTRATION FORM

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

### ***2024 Camp Sessions Waiver***

Due to changes in how camp can take place here at Farmington Conference Center, and in keeping with the Goals of Girls Camp at Farmington we will run 2 camp sessions. The purpose of this is so we can continue to have a full week of camp with all of our campers.

On Wednesday of camp week, we will send all campers to a safe area here at camp with a bagged lunch for a break from regular camp activities to facilitate any cleaning and repairs needed to be done. They will be supervised during this time by FCC Staff, rather than by cabin leaders. After this lunch break, we will continue with regular camp activities for the 2nd session.

**First Session Campers not signed up for Session 2 must be picked up by parents or approved person on July 10th at 11:30 a.m.**

By signing below, I consent for my child/children to be on FCC property while being overseen by FCC Staff between camp sessions and understand that FCC and their staff are not liable for any damage or injury that may occur during that time.

Please Sign \_\_\_\_\_

Please Print \_\_\_\_\_

We appreciate your understanding and patience as we make these necessary changes, we are looking forward to seeing you and your children this summer!

Sara Dumont, Director - Girl's Camp @ FCC

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## 2024 GIRLS CAMP REGISTRATION FORM

### 2024 Girls Camp Medical Form – Page 1

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

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

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:

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**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.

**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.

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**2024 Girls Camp Medical Form – Pg. 3**

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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## Girls Camp at Farmington 2024 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						

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Make additional copies of this form as needed.

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

Page 9 of 9    **Packing List 2024 Girls Camp at Farmington**

**Campers should bring the following items:**

- **Bible**
- **Water Bottle with name on it \*\*\*\*\***

**Clothing**

- **Modest** Shirts, shorts, and jeans – enough for the entire time at camp: Modest; No Short-shorts
- **Sneakers** – a couple of pairs
- **Socks**
- **One outfit that can be used for very messy games** (one you don't mind getting very messed up)
- **Swim-suit**
- **Water shoes or old sneakers**
- **A plain white T-shirt to decorate!**

**Bedding**

- **Pillow**
- **Sleeping Bag or Sheets/blanket for a twin sized bed**
- **Towels**  
Toiletries (shampoo, hair brush, hair ties, body wash)
- **Sunscreen**
- **Bug Spray**
- **Money for mission offering - call Sara (207) 616-1774 if you have any questions about the missionaries joining us this year!**

**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 (We want this to be a distraction-free zone and to keep your campers safe!**
- **Food/Candy/Gum**

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- **Any Electronics including video games, etc.**
- **Anything that might access the internet or communicate with those off campus**

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