



Camper Registration Form

2010

CAMP FONTANELLE
 9677 County Road 3
 Fontanelle, NE 68044
 402.478.4296
 campfontanelle@huntel.net
 www.campfontanelle.com

COMECA
 75670 Road 417
 Cozad, NE 69130
 308.784.2808
 director@campcomeca.com
 www.campcomeca.com

NORWESCA
 79 Norwesca Road
 Chadron, NE 69337
 308.432.3872
 norwesca@bbcwb.net
 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 2010)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address		City	State Zip
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

Why 3 Prices? As non-profit ministries, our Nebraska UM Camps need to cover the cost of running high quality, spiritually enriching programs. The true cost of a week-long camp is between \$300 and \$400, depending on the program. At the same time, we understand the financial stress that many families face and are committed to making our programs available to all campers, regardless of financial situation. Realizing that families have differing abilities to pay and that you know your financial situation better than we do, we have instituted a voluntary personal pricing program. You will find three different prices listed for each session. You get to choose the one that best fits your family's ability to pay.

Price A is a heavily subsidized rate and does not reflect the true cost of operation.

Price B is a partially subsidized rate for families that can afford to pay a little more.

Price C is the least subsidized rate and more accurately accounts for the true cost of operation.

This program is **voluntary**, requires no additional paperwork, and in no way influences the experience campers receive. Simply choose the rate that is appropriate for your family.

Please Note: If you are receiving support from your local church, another local organization, or requesting a conference scholarship, please select Price A. All prices listed are for one person. We ask that you register individually for family camps. Please call us if you have questions about financial arrangements.

CAMP FONTANELLE Guardian Angel [F101] June 4-5 (Preschool-K) Guardian Angel [F102] July 31-Aug 1 (Preschool-K) A: \$50 B: \$60 C: \$70 Family Camp [F001] May 28-30 (Intergenerational) A: \$70 B: \$95 C: \$120 SonShine [F103] June 1-3 (Grades 1-2) SonShine [F104] July 16-18 (Grades 1-2) A: \$100 B: \$120 C: \$140 Confirmation [F601] June 28-30 (Grades 7-12) Confirmation [F602] July 5-8 (Grades 7-12) A: \$160 B: \$180 C: \$200 Wacky & Wonderful [F302] July 12-15 (Grades 3-6) Off-Road [F503] July 18-July 21 (Grades 6-9) A: \$180 B: \$200 C: \$220 "Tree" Frog [F201] June 14-17 (Grades 3-4) A: \$200 B: \$225 C: \$250	Please Choose Your Session And Price And Fill In The Details Below:			NORWESCA DaySpring [N150] July 11 - 14 (Grades 1-3) Camp Hope [N925] July 11-14 (Intergenerational) (Camp Hope Buddy \$60) A: \$168 B: \$188 C: \$208 Mission Possible [N275] July 19-23 (Grades 3-5) Creation Care Camp [N390] July 26-30 (Grades 5-8) Survivors [N490] August 2-6 (Grades 9-12) A: \$228 B: \$253 C: \$278 God's Notes [N200] June 21-26 (Grades 3-8) Expressions in Music [N200] June 21-26 (Grades 9-12) Girls Only [N225] July 6-10 (Grades 3-8) A: \$258 B: \$283 C: \$308 Pine Ridge Riders [N350] June 28-July 2 (Grades 5-8) A: \$279 B: \$304 C: \$329 Please contact Norwesca before registering for CIT, Volunteers in Mission, or as a Volunteer Counselor or Nurse.
	CAMP FONTANELLE "Tree" Frog [F401] June 14-18 (Grades 5-6) Survivor I: Salvation Island [F402] June 28-July 2 (Grades 5-6) A: \$225 B: \$250 C: \$275 F.R.O.G [F501] June 21-25 (Grades 5-9) A: \$230 B: \$255 C: \$280 Splish Splash [F304] July 26-30 (Grades 3-6) A: \$245 B: \$270 C: \$295 Zoobilee [F301] July 5-8 (Grades 3-6) A: \$255 B: \$280 C: \$305 Road Rules [F604] Aug 2-6 (Grades 7-12) A: \$310 B: \$335 C: \$360	CAMP FONTANELLE Giddy Up For God! [F202] June 21-25 (Grades 3-4) Saddle Up in the Son with Song [F502] July 19-23 (Grades 5-9) Survivor II: Wilderness Outpost [F603] July 26-31 (Grades 7-12) A: \$275 B: \$300 C: \$325 COMECA Discovery Day [C100] July 17 \$25 Guardian Angel [C101] June 25-26 (Preschool-K) A: \$55 B: \$65 C: \$75 SonShine [C103] June 25-27 (Grades 1-2) A: \$110 B: \$120 C: \$130 Man Camp I [C204] July 6-9 (Grades 3-5) Man Camp II [C304] July 6-9 (Grades 6-8) No Boys Allowed [C203] June 28-July 1 (Grades 3-5) No Boys Allowed [C303] June 28-July 1 (Grades 6-8) A: \$180 B: \$205 C: \$230	COMECA Live Like Jesus I [C201] June 21-25 (Grades 3-5) Live Like Jesus II [C202] July 19-23 (Grades 3-5) Summer Retreat [C301] June 28-July 2 (Grades 6-8) Week In The Son I [C305] July 12-16 (Grades 6-8) Week In The Son II [C405] July 12-16 (Grades 9-12) A: \$220 B: \$245 C: \$270 Please contact Comeca before registering for Family Camp (Sept. 3-6) or Wellspring (July 25-30)	

SESSION INFORMATION		<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 (if applicable)	Local Scholarship Contribution Amount (if applicable) \$	Conference Scholarship Request Amount (if applicable) \$	



Nebraska United Methodist Camps

2010

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Important Payment Information

Why 3 Prices?

As non-profit ministries, our Nebraska UM camps need to cover the cost of running high quality, spiritually enriching programs. The true cost of a week-long camp is between \$300 and \$400, depending on the program. At the same time, we understand the financial stress that many families face and are committed to making our programs available to all campers, regardless of financial situation. Realizing that families have differing abilities to pay and that you know your financial situation better than we do, we have instituted a voluntary personal pricing program. On the registration, you will find three different prices listed for each session. You get to choose the one that best fits your family's ability to pay. **The price you choose in no way influences the experience campers receive.** Please call us if you have questions about financial arrangements.

Price A

is a heavily subsidized rate and does not reflect the true cost of operation.

Price B

is a partially subsidized rate for families that can afford to pay a little more.

Price C

is the least subsidized rate and more accurately accounts for the true cost of operation.

100% of all fees are used for the direct cost of camp and fund program and facility improvements.

How do I select my price?

This program is **voluntary**, requires no additional paperwork, and **in no way influences the experience campers receive.** Simply choose the rate that is appropriate for your family. **Families are expected to pay a deposit of at least 1/3 of the cost of camp at the time of registration. The balance is due prior to arrival at camp.** (Please Note: If you are receiving support from your local church, another local organization, or requesting a conference scholarship, please select Price A).

How are the rates subsidized?

We are able to offer subsidized rates and personal pricing because of generous contributions from the people of the Nebraska Conference of the United Methodist Church, as well as many other donors, alumni, staff, and friends.

Family Contribution:

Families are expected to pay a deposit of at least 1/3 of the cost of camp at the time of registration. The deposit will hold a spot for the camper until the full fee is received.

Local Church Scholarships:

We encourage your local church to help you pay for camp! Please contact your pastor to ask about support from your local church or another local organization. On your registration form please list the name of the organization providing financial support, how much of the cost of camp they are providing, and if the camp needs to send them an invoice. **(Please Note: If you are receiving support from your local church or another local organization, please select Price A.)**

Conference Scholarships:

These scholarships are intended for campers and families who would not be able to attend without this assistance. Conference scholarships are limited and not to exceed 1/3 of the cost of camp. At the same time, we understand the financial stress that many families face and **are committed to making our programs available to all campers, regardless of financial situation.** Therefore, special consideration will be made if needed. **(Please Note: If you are requesting a conference scholarship, please select Price A.)**

Cancellation Policy:

If you cancel seven days prior to a session, you will be issued a refund minus your 1/3 registration deposit when we receive your written request. With less than 7 days notice, no refund will be issued. If you cancel due to illness or family emergency, the 7-day notice is not required. You will receive a full refund after we receive a written request.



Camper Health History Form

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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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Name of Primary Emergency Contact	Name of Second Emergency Contact
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 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 _____

Camper Name	Birthdate	Primary Phone Number	Session Name
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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** _____ Page 2 of 2