



CAMP AT THE EASTWARD

A Youth Ministry of Mission at the Eastward

TUITION: Chickadee Day Camp \$50. Overnight camp sessions - Maine Residents: \$225 and Non-Residents \$450. Applications, with \$25 deposits, postmarked on or by May 15, 2018 will receive an ***Early Bird Discount*** of \$25 Maine residents and \$50 for out-of-state. Please enclose a check payable to CATE for the deposit of \$25 or a completed Scholarship Request per camp session for which you are applying with the name of the camper on the memo line. Do not let the timing of your child's camp physical to hold up returning of this application. Mail this application now and the immunization record and physical as soon as possible. Please mail to:

**Camp at the Eastward
P.O. Box 294
Anson, ME 04911**

All camper applications are processed according to the postmarked date and are accepted regardless of race, sex, color, creed, national origin, or disability. You will receive a notice of acceptance (by mail/email based on your preference indicated), which will contain the information you need to prepare for camp.

All questions can be addressed to Angel Davis, CATE Business Manager
Email: cate2@beeline-online.net or (207) 491-6768

NOTE: Forms and applications can be found on the CATE website at: www.campattheeastward.org.

**CAMP AT THE EASTWARD SUMMER 2018
REGISTRATION**

Please fill out one application per camper – additional forms are available at www.camptattheeastward.org
Grades below indicate **grade completed** in June 2018.

- Junior Camp (Grades 5 - 6)
Sunday, July 1 – Saturday, July 7
- Senior High Camp (Grades 9 - 12)
Sunday, July 8 – Saturday, July 14
- Bantam Camp (Grades 3-4)
Sunday, July 15 – Saturday, July 21
- Junior High Camp (Grades 7-8)
Sunday, July 22-Saturday, July 28

- Chickadee Day Camp (Grades K, 1, & 2)
Monday, July 16th – Friday, July 20

NOTE: Ages for Camp weeks are followed to provide programs suitable for specific age groups. Exceptions must have Coordinator and Director approval.

Name of Camper: _____ Circle one: Male Female

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Day Phone: _____

Birth Date: _____ Grade Completed in June 2017: _____

Emergency Contact: _____

Phone: _____ Relationship to Camper: _____

Parent/Guardian Name: _____

Signature: _____

Home Phone (if different from above) _____ Day Phone: _____

Do you prefer to be contacted via email? (circle one) YES NO

If yes, primary email: _____

Child's interests, activities and talents: _____

Has your child attended an overnight camp before? (circle one) YES NO

If yes, which camp and for how many nights? _____

Where did you first learn about Camp at the Eastward? _____

Are all immunizations required for school up to date? _____ Date of last Tetanus Shot (month & Year): _____

Upon receipt of your application and deposit, we will send an acceptance letter that includes a list of items your child will need to bring to camp and more information as you prepare for camp this summer. We look forward to helping your child have a great summer!

Last Name of Camper

First Name

MI

FREE AND REDUCED-PRICE CAMP MEALS FAMILY APPLICATION**Part 1. For each household, complete and sign this form. If you don't qualify, add camper's name and "n/a" below.**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp #	TANF #	Foster Child monthly income

Part 2. TOTAL NUMBER IN HOUSEHOLD: Children & Adults?

**ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above in Part 1. List all income.
ANNUAL INCOME CONVERSION: Weekly X 52; Bi-weekly X 26, Semi-monthly X 24, OR Monthly X 12**

Names All Other Household Members	Current Monthly Income				Check if NO income
	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income	
1.	\$	\$	\$	\$	
2.	\$	\$	\$	\$	
3.	\$	\$	\$	\$	
4.	\$	\$	\$	\$	

Part 3. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list the last 4 digits of his/her Social Security Number before it can be approved. (See Privacy Act Statement below).

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that all food stamp/TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: X X X - X X - _____ → I do not have a Social Security Number

Privacy Act Statement. Unless you list the child's food stamp or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income contacting a food stamp or TANF office to determine current certification for food stamps or TANF benefits, contacting the State employment security office to deter the amount of benefits received and check the documentation produced by the household member to prove the amount of income received and checking the documentation produced by the household member to the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

Household Size	Monthly Income	Household Size	Monthly Income
1	1,860	5	4,437
2	2,504	6	5,082
3	3,149	7	5,726
4	3,793	8	6,371
For each additional member over 8 add:			645

If your total household income falls within the limits of this chart, your child will help CATE qualify for a reimbursement of some food expenses this summer.

In accordance with Federal Law and U.S. Dept. of Agriculture policy, CATE is prohibited from discriminating on the basis of race color,

CAMP AT THE EASTWARD (CATE)
A Youth Ministry of Mission at the Eastward (MATE)
Challenge/Ropes Course Elements Release and Assumption of Risk
Camp at the Eastward (CATE)

Date _____

I _____ born _____
(Print Camper or Participant's Name) (Date of Birth)

and the parent/guardian of the camper/participant if under the age of 18 do acknowledge, declare and agree as follows:

That I have voluntarily agreed to participate in the Camp at the Eastward (CATE) Ropes Course and in consideration of being permitted to participate in the Course, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next of kin, my person representatives and my estate.

I understand that parts of the Ropes Course program may be physically and emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Camp at the Eastward activities.

By signing this release form I assume full responsibility for myself for bodily injury, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the obstacle course, the terrain, the weather, my athletic and physical condition, and other participants and I agree to release and hold harmless Camp at the Eastward, its agents, assistants, employees, and co-sponsors including but not limited to the Mission at the Eastward and Presbytery of the Northern New England and its employees, agents, for any damages or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in the Ropes Course experience held at Camp at the Eastward, Starks, Maine.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided, I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

Signature of camper/participant

Signature of parent/guardian if camper/participant is under 18

MEDIA RELEASE

Each week, camp participants may be involved in photographs, videos, and written statements being collected by camp staff. These various sources of media may be used by Camp at the Eastward and its governing organization, Mission at the Eastward, for use in promotional/fundraising efforts. These efforts include, but are not limited to: brochures, flyers, slideshows, and website.

- I **give permission** for still or video pictures, as well as written statements, of my child or myself to be used for camp promotional purposes
- I **DO NOT** give permission for still or video pictures, as well as written statements, of my child or myself to be used for camp promotional purposes

Parent/Guardian Signature

Camper Signature

Date

Last Name of Camper:

First Name:

MI:

MEDICAL HISTORY, HEALTH FORMS, PHYSICAL BY A LICENSED PHYSICIAN, INSURANCE, ALLERGIES

The following must be completed for all campers regardless of age. The intent of this form is to provide camp health care personnel with background information to provide appropriate care. A physical by a licensed physician (given no more than 24 months prior to the opening of camp) must be on file before your child can be left at camp. Any additional information can be provided to the camp health care personnel upon the participant's arrival at camp.

DOCTORS

Name of physician

Town / State

Phone

Name of dentist / orthodontist

Town / State

Phone

INSURANCE

(Please note that all medical costs incurred by a camper are the responsibility of their parent/guardian.)

Medical Insurance Company

Plan Name

Group #

Subscriber #

Name of Insured

Relationship

DIETARY RESTRICTIONS

Please circle:

Vegetarian Vegan Lactose Intolerant _____ Other (please specify) _____

ACTIVITY RESTRICTIONS

Please explain any restrictions to activity (e.g., what cannot be done, necessary adaptations or limitations)

ALLERGIES - MEDICATION / FOOD / OTHER

Allergy	Reaction	Treatment
_____ Allergy	_____ Reaction	_____ Treatment

PRESCRIPTION MEDICATIONS

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Leave enough medication with the Medical Staff to last your child's entire stay at camp. Keep it in the original packaging/ bottle that identify the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Medication Name	Dosage	Frequency	Reason
_____ Medication Name	_____ Dosage	_____ Frequency	_____ Reason

OVER THE COUNTER MEDICATIONS

Over-the-counter medications may be administered to my child by the camp health care professional in accordance with

the manufacturer's instructions. These medicines include Acetaminophen, Ibuprofen, Pepto-Bismol, TUMS, cough drops, hydrocortisone cream, and Benadryl. (Please explain any restrictions).

Please provide any additional information about the applicant's behavior and physical, emotional, or mental health about which the camp administrators should be aware. Attach another sheet is needed.

Last Name of Camper:

First Name:

MI:

AUTHORIZATION TO TREAT

This health information is correct and complete to the best of my knowledge. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to store and supervise all prescribed and non-prescribed medications. This is done in accordance with state camping laws and regulations to protect the safety and well-being of campers and staff.

I also give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me / my child, as may be necessary, including, but not limited to x-rays, routine tests and treatments, and / or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in *loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representative" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to the camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

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 person named above. This completed form may be photocopied for trips out of camp.

I also understand and agree to abide by any restrictions placed on my (child's) participation in camp activities.

Printed name of camper

Printed name of parent/guardian

Signature of parent/guardian

Date

PHYSICAL EXAM BY LICENSED MEDICAL PROVIDER

All campers are required to have a recent (within 24 months) physical examination form completed and signed by their physician or other health care provider. **A valid physical exam and current immunizations must be on file before your child can be left at Camp at the Eastward.**

PLEASE ATTACH A COMPLETE "IMMUNIZATIONS RECORD" FOR THIS YOUTH ALONG WITH THE "SIGNED PHYSICAL EXAM". Please indicate past medical treatments, if any as well any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions, or considerations while at camp.

If you have chosen due to philosophical or religious beliefs not to immunize your child please check here: _____

Please indicate if a minor needs to have and is knowledgeable on the use of an inhaler or any other self-administered emergency medication.