



# Camp Ellie Mae

## REGISTRATION

07/08/2020 - 07/12/2020



### CAMPER PERSONAL INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      Middle

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
**E-Mail Address**

### FAMILY INFORMATION

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Street Address if different from camper information above

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
**Phone Numbers**

\_\_\_\_\_  
E-Mail Address

### AUTHORIZATION FOR EMERGENCY TREATMENT

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Date of Last Tetanus

Any Allergies? YES  NO

\_\_\_\_\_  
If allergies, what are they?

\_\_\_\_\_  
Are there any medical problems?

\_\_\_\_\_  
Current medication taken by camper and frequency

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Phone Number

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

### **\*\*PERMISSION TO TAKE CAMPER OFF CAMP PREMISE FOR ACTIVITIES:**

X \_\_\_\_\_ **(PARENT OR GUARDIAN SIGNATURE NECESSARY)**

### **\*\*PERMISSION TO USE APPROPRIATE PHOTOS FOR SOCIAL MEDIA AND SHARING**

X \_\_\_\_\_ **(CAMPER OR PARENT SIGNATURE NECESSARY)**

INSURANCE INFORMATION

_____	_____
Policyholder's Name	Policy Number
_____	_____
Insurance Company	Claim Dept. Phone Number

**EMERGENCY CONTACT**

_____	_____
Name	Relation to Camper
_____	_____
Street Address	<b>Daytime Phone and/or Cell Phone Number</b>
_____	_____
City, State, Zip	Evening Phone Number

**RESPONSIBILITY AGREEMENT**  
**PLEASE READ CAREFULLY AND SIGN BELOW**

Camper's Name: \_\_\_\_\_

As parent /guardian of the above named camper:

- 1) I understand I am responsible for any damage to the camp property and buildings, campgrounds, or personal property of other campers or staff caused by said camper and I will be held financially accountable for such actions;
- 2) I understand *Camp Ellie Mae*™ reserves the right to dismiss campers who disregard camp policy or who are found in possession of alcohol, drugs or weapons and that I am responsible for any costs associated with transporting said camper home immediately upon notification of dismissal;
- 3) I understand that monetary donations for campers are an option. Cost to accommodate each camper is \$250.00 per person. If you wish to donate, please make checks payable to: Camp Ellie Mae, 747 Wood Street, Swansea, MA 02777. Camp Ellie Mae is a 501C-3 organization and donations above and beyond the pure cost of camp, are a charitable donation. If anyone donates and does NOT have a camper attending, the entire contribution could be tax deductible. You should consult your Tax Advisor as to the deductibility of this donation. Any and all other donations are welcome anytime before or during camp but not required. All donations collected go to support camp costs and/or to support the ministries of the guest pastor-teachers/evangelists and *Camp Ellie Mae*™
- 4) I authorize Camp Ellie Mae™, or any member of their voluntary staff to arrange emergency medical care necessary to preserve the health and well-being of said camper. I release *Camp Ellie Mae*™, its council and staff from any liability resulting from any such decision. I further agree to assume responsibility for any costs associated with medical care for said camper.

**Parent / Guardian Signature:** X \_\_\_\_\_

Date: \_\_\_\_\_ (18 years or older, CAMPER sign here) X \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING SIZES:**

**PANTS:** \_\_\_\_\_

**SHIRT:** \_\_\_\_\_

**SHOES:** \_\_\_\_\_

**OFFICE USE ONLY** || Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Camp Ellie Mae

## MEDICATION, TRANSPORTATION and PHOTO RELEASE FORM

The purpose of this document is to secure your permission and obtain a release to allow the adult leaders of Camp Ellie Mae™ to administer certain common over-the-counter medications and preparations. The Camp maintains a well-supplied first aid kit. At times, it becomes desirable and/or necessary to provide the Campers with these items. Please review the list below and indicate your desires. Indicate "Yes or No" to those items you approve or disapprove. Then sign and date this form. There is also a section for your special needs, requirements, or any comments. Your help is greatly appreciated.

YES / NO	MEDICATION
_____	ASPIRIN
_____	ACETAMINOPHEN (Tylenol)
_____	IBUPROFEN (Advil, Nuprin, Motrin, etc.)
_____	BENADRYL PILLS (for allergy/itching)
_____	CALAMINE & BENADRYL LOTIONS (for itching/rashes)
_____	TOPICAL HYDROCORTISONE CREAMS
_____	NEOSPORIN OINTMENT & TOPICAL BURN CREAMS
_____	ANTACIDS, CHEWABLE & LIQUID
_____	BENZOCAINE (topical anesthetic)
_____	TOPICAL ANTISEPTICS (betadine, etc.)
_____	EYE WASH / ARTIFICIAL TEARS
_____	OCUFEN EYE DROPS (analgesic, anti-inflammatory - for chlorine irritation)
_____	SWIMMER'S EAR DROPS

(Please comment here about any other special requests, or needs, requirements, or if you wish to OPT OUT OF PHOTO RELEASE or transportation release).

- \*I hereby authorize the adult leadership of Camp Ellie Mae™, to administer those medications/preparations listed above, as they feel necessary to my daughter.
- \*I authorize the adult leadership of Camp Elie Mae™ to transport my daughter in a car for day trips and/or scavenger hunt should either occur during camp this year.
- \*I authorize Camp Ellie Mae™ to use wisely, APPROPRIATE photos of my child on their Facebook Page and/or web site or social media.

**Medication release is mandatory; transportation & Photo release is optional. If you wish to opt out of PHOTO release and/or transportation release, please make notes above accordingly.**

\_\_\_\_\_  
(Print Camper's name here)

[X] \_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

## Trampoline Policy

We have a small outside play area which provides a range of resources to make physical activities fun and enjoyable and encourages exercise and the physical development of the children. In order to keep the children safe on our trampoline, the following rules and procedures are adhered to at all times.

- Children, of any age, are not permitted on the trampoline without written permission from their parents (please see Trampoline Permission Form)
- The trampoline may only be used when the safety netting is in place
- The safety netting and the trampoline will be checked regularly to ensure it is in a good condition
- All children using the trampoline must listen and follow our instructions, failure to do so may result in them no longer being permitted to use this piece of equipment
- The trampoline will only be used by several children at a time (as long as they do not exceed the weight limit 220lbs)
- Only children between the ages of 6-18 years may use the trampoline.
- Somersaults/backflips/flips are not allowed
- Children will not be allowed to bounce one another or too close to others

If you have any concerns regarding your child using this piece of equipment, please inform us at registration. Please share this information with your child prior to them entering the site where Camp Ellie Mae is being operated.

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## Camp Ellie Mae Trampoline Permission Form

I give permission for my child/children:



To play on the trampoline at Camp Ellie Mae. I have received, read, understand and agree to instruct my child to abide by the safety rules & conditions. Any harm that may happen to my child while using the trampoline will be my responsibility and not that of Camp Ellie Mae directors and volunteers or Paul & Ellen Woods, owner of said property leased to Camp Ellie Mae.

Parents signature

X 

Date

07/08/2020



# np Ellie Mae

## CAMP ELLIE MAE PACKING LIST:

PLEASE PUT YOUR NAME ON EVERYTHING. WHEN WE SAY EVERYTHING, WE MEAN EVEN EACH SOCK AND OF COURSE YOUR UNDERWEAR!

- Bible
- BLACK LONG-SLEEVED SHIRT
- BLACK LONG LEGGINGS OR PANTS
- Warm clothing for nighttime
- Day time clothing
- Bug spray
- XXXL Ziploc or XXL Garbage bag with draw string
- Towel
- Toiletries
- Pillow & sleeping bag/blankets
- Sunblock
- Sneakers and sandals
- Bathing suit or two
- Manners and a smile!

Get ready for some FUN!