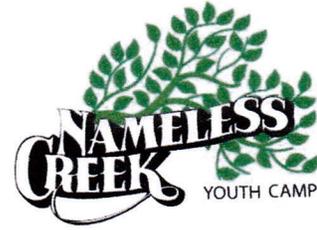


PLUG INTO NATURE SUMMER CAMP



2019 Camper Registration *

What is the Plug into Nature Summer Camp?

Plug into Nature (PIN) Camp is a five-day summer camp experience for youth in Hancock County. Campers should be entering the 3rd- 5th grade the following school year.

Where and when is the camp?

The Nameless Creek Youth Camp is located at 2675 S. 600 E., Greenfield, IN. The PIN Camp will take place at the Nameless Creek Youth Camp from **July 8, 2019 to July 12, 2019 from 9am to 4pm.**

What will campers do at camp?

The camp will provide activities such as sports and games, nature trail/creek exploration, a water carnival, arts and crafts, and basic culinary skills. Campers will be able to enjoy a simple game of kickball and learn new water games to play during the hot summer months. The campers will also participate in arts and crafts that use the resources in nature to create beautiful pieces of art. Basic culinary skills and simple recipes will be taught to the campers to learn to make and be able to enjoy their tasty creations, including learning to cook outdoors.

These activities will not only allow the campers to enjoy the outdoors and learn new activities, but will also teach leadership, team building, and social skills. The campers will learn how to work with peers to complete a task and have fun. Different activities will give each camper the opportunity to step forward and lead a group. Our camp counselors consist of excellent county high school and college students who lead the campers in fun activities.

What is the cost of attending the camp?

We are requesting that each camper pay a registration fee of **\$10** followed by a **\$60 fee** (due after registration is accepted). **Total cost to camper = \$70.**

How do I register my child for camp?

Complete the **Registration Form and Liability Waiver** included in this packet, **plus the \$10 fee**, and return to: Nameless Creek Youth Camp, % Martha Haynes, 3053 S. Berlander Rd., New Palestine, IN 46163

The camp has a limited number of campers. Camper to counselor ratio will be no more than 8 to 1. Total number of accepted campers will depend on available funding. **All forms in the registration packet and \$10 fee must be received by May 30, 2019.** All potential campers will be notified of acceptance and/or of wait list status by June 5th.

Questions?

Questions directed to Martha Haynes, Camp Director: Cell: 317-498-6861 bm101011@comcast.net
Or, Jerry Bell, Cell: 317-652-2033, jbding1952@att.net

Never heard of Nameless Creek Youth Camp?

Check out our website: www.namelesscreekyouthcamp.com
We would love your comments and feedback on our full service website.

2019 Camper Registration

Camper's Name: _____ Grade (2019-20) : _____, Age _____

Male or Female: _____ Date of Birth: _____ School: _____

Shirt Size (Circle one): Child Small Child Medium Child Large Adult Small Adult Medium Adult Large
Adult XLarge

Parent or Guardian's Name: _____

Address: _____

Home Phone Number: _____ Family Email: _____

Cell Phone Number: _____

Preferred method of communication (please circle one) U.S. Mail Email

Note: If you circle email, be sure you provide us an email address you check frequently as this will be used for our main communication with you.

Parent or Guardian Signature: _____ Date: _____

***Make sure to include the \$10 registration fee and RETURN ALL FORMS to the address below, by May 30, 2019. The balance of \$ 60 will be due by July 1, 2019.**

Nameless Creek Youth Camp
% Martha Haynes
3053 S. Berlander Rd.
New Palestine, IN 46163

Liability Waiver

I do hereby waive, release and discharge Nameless Creek Youth Camp, Inc. and their respective staff and volunteers from any and all rights and claims for damage resulting from injury to my person or property, which may be sustained or suffered in connection with my association with or participation in or arising out of participating in events at the camp.

We, the parent(s) hereby waive any claim for damages that may result in injury to my child,

(camper's name)

Parent/guardian signature

Parent/guardian signature

2019 Consent for Medical Treatment of a Minor Child

I (We), _____ and _____,
(parent/guardian) (parent/guardian)

residing at _____,
(address) (city)

_____ of _____ County, do hereby
(state) (zip) (County Name)

state that I am (we are) the parent(s) or legal guardians of _____,
(student)

A minor of age _____, born on _____, who resides with me
(Student age) (student birthdate)

(us). I (We) authorize an adult volunteer or the camp director to administer minor first aid and to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care and transport to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana.

Dated this _____ day of _____,
(date) (month) (year)

(signature of parent or guardian)

(signature of parent or guardian)

Medical Insurance Carrier : _____ Group # _____

ID # _____ Member's Name _____

2019 MEDICAL HISTORY FORM FOR TREATMENT OF MINORS

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Place of Birth _____ Sex: M F

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Phone	Cell Phone	Relationship

ALLERGIES TO MEDICATION AND OTHER SUBSTANCES? Yes No

Penicillin Sulfa Aspirin Insect Stings Other (*explain below*)

List any food allergies: _____

Medications

Please list medications taken on a regular basis: _____

Please list medications that need to be taken during the camp day (9am-4pm) and how to administrator them: _____

**** Medication must come to camp in the original container and placed in a Ziploc bag labeled with the camper's name. ****

MEDICAL HISTORY: Please check if your child has or has had, any of the diseases or conditions listed below:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Hives | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism | |

If so, please explain.

Does the camper use an inhaler and if so what type: _____

Permanent disabilities
(Describe/date): _____

Serious illness/injuries or surgery
(Describe/date): _____

Student may be given the following by an adult volunteer or camp director:

Aspirin ___ Ibuprofen ___ Acetaminophen ___ Pepto Bismol ___ Other _____

Does this student wear contact lenses? _____ Prescription Glasses? _____

Date of Last Tetanus Shot: _____

Does your child have an I.E.P.? No ___ Yes ___ Indicate Eligibility _____

So that we may better serve your child's needs may we contact your child's school for additional information? No ___ Yes ___ School _____

Transportation and Contacts:

In order for a camper to be released from camp each day, the parents/guardians must specify what adult has consent to take the camper home. This adult must be listed below and have picture identification (i.e. drivers license) with them each day.

Name	Relationship to Camper

If questions or concerns should arise during the camp day, please list a primary and secondary contact along with phone numbers where you can be reached:

Name Phone Number

Name Phone Number

____ Initials here if you prefer your child NOT to be included in any published pictures while at camp.

Please mail these forms to: Martha Haynes, Nameless Creek PIN Camp Director, 3053 S. Berlander Rd., New Palestine, IN 46163

Questions: Contact Martha: bm101011@comcast.net or 317-498-6861