

2011 CAMP REGISTRATION FORM

Windsor Hills Camp & Retreat Center, 29 White Pond Rd., Windsor, NH 03244

Requirements for enrollment and participation in programs are the same for everyone without regard to creed, race, color, sex or national origin.

Check Camp Attending: Girls' Camp (July 25-30) Boys' Camp (August 15-20)
 Junior High Camp (July 18-23) Senior High Camp (Aug. 8-13)

Students having completed second through sixth grades are eligible to attend Boys' or Girls' camps.

Students having just completed sixth thru eighth grades are eligible for Jr. High Camp; Students having just completed ninth thru twelfth grades eligible for Sr. High.

Name _____ Male or Female Email _____
Last First Parent email

Address _____
Street/Apt. Town/City State Zip

Home Phone No. () Date of birth Age at camp Grade Fall of '11

Camper Agreement: I understand that as a camper, I will be placed under the 24 hour care and supervision of the camp staff and agree to abide by all the rules that are in place. I understand that no smoking, alcoholic beverages, illegal drugs, weapons, radios/tape/CD/MP3 players, or cell phones are allowed and that dress shall be modest, as defined by the camp director.

SIGNATURE OF CAMPER: X _____ Date _____

Cabin mate request (One name only or "no preference".) _____ To be certain of your selection, make sure the person you request also requests you. We will strive to place you in a cabin with at least one other camper from your church.

Church name _____ Pastor _____ Church phone () _____
Pastor or Youth Pastor's signature X _____ Phone _____

With whom does applicant live? _____ Relationship to camper _____

Father's (legal guardian) Name _____ Hm Phone () _____ Wk Phone () _____

Mother's (legal guardian) Name _____ Hm Phone () _____ Wk Phone () _____

Parental permission & release:

I hereby grant permission for my child to participate in all camp activities. I understand that such participation may involve risks not encountered in everyday life. In signing this form, I agree to assume and accept all the risks inherent in camp related activities. I have no knowledge of any physical and/or mental impairment that would be affected by the named camper's participation in the camp program of Windsor Hills Camp & Retreat Center.

I grant permission to WHC to use photos/visual images taken at camp which may include my child for publicity purposes. By my signature I hereby waive and release Windsor Hills Camp & Retreat Center, New England District Church of the Nazarene, their employees and/or volunteers and their successors and assigns from any and all liability for any injuries, illnesses or losses, incurred while at Windsor Hills Camp and Retreat Center and/or as a result of my child's participation in any activities and/or programs of Windsor Hills Camp & Retreat Center.

In case of emergency, **I HEREBY GIVE PERMISSION** to the physician selected by Windsor Hills to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for applicant. (Every effort will be made to contact parents or legal guardian.) I accept responsibility for payment of all expenses incurred as a result of medical treatment.

SIGNATURE OF PARENT: X _____ Date _____
OR LEGAL GUARDIAN

Cost of Camp: \$265.00

Register/Postmark before May 1, pay only \$245

Register/Postmark before June 1, pay only \$255

Register/Postmark by the deadline, July 1, pay \$265.

To register after July 1, pay \$345 for late registration and call.

Amount Enclosed - \$ _____ **Or \$50 non-refundable deposit.** Registration forms without deposit do not qualify for lower rate!

Please make Checks payable to WINDSOR HILLS.

Tee-Shirt Size: Circle One: Child: S—M—L—XL Adult: X Sm -- Sm – Med – Lg – XLg

(Not all programs provide t-shirts.)

Mail to: Registrar, Windsor Hills/Sandra Smith 29 White Pond Road Windsor, NH 03244
Voice:603-478-3363 or 630-478-1450 Fax: 603-478-3373 email: sandysmith@whcamp.org

Additional forms and information available at: www.whcamp.org

Teen camps are organized by Nazarene Youth International of New England. Boys' and Girls' camps are directed by the NED SMDI Board. Please direct all questions concerning the program to the specific camp program directors indicated on the cover sheet. Thank you!

WHC reserves the right to refuse admission to any person whose health form is not on file 2 weeks before their camp begins.

Health Form: Windsor Hills Camp 2011

29 White Pond Road, Windsor, NH 03244 voice (603)478-3363 fax (603)478-3373

This form is confidential to camp counselors, camp directors, health personnel and the registrar.

Mail to: Registrar, Sandra Smith, 29 White Pond Rd., Windsor NH 03244

Campers, workers and staff are required to submit a new health form each year. A qualified physician's signature must appear on each camper's health form to comply with New Hampshire State law. The "Date of Exam" must be less than 2 years prior to the camp date. Please send Health Form to Registrar at **least 2 weeks prior to camp date.**

Important: You may not stay overnight on the campground until we have received a **completed Health Information Form.**

Applicant's name _____ Social Security # _____ DOB _____

Address _____ City _____ State _____ Zip _____

Circle ALL Windsor Hills Camps that you will be attending in 2010: Parent email: _____

Family Camp Boys' Camp Girls' Camp Jr. High Camp Sr. High Camp

INSURANCE INFO: Subscriber's name _____ Birthdate _____ Policy # _____

Insurance company name _____ Phone () _____

IN CASE OF EMERGENCY NOTIFY: (For children at least one must be a parent or legal guardian.)

Name _____ Relationship _____ Phone H () _____ W ()

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SIGNATURE of parent or guardian if a minor. X _____ Date _____

Or

SIGNATURE of applicant if over 18 years old. X _____ Date _____

BELOW TO BE FILLED OUT BY PHYSICIAN

Record of immunizations (**Required DATES of latest boosters.**) You may attach a printout of immunization record and report of physical from physician's office but **we still require doctor's signature or stamp.**

DPT (date)	Oral Polio (Sabin) (date)	Rubella (date)	Hepatitis B (date) (if born on or after Jan 1, 1993)
DT (date)	MMR (date)	Mumps (date)	
Tetanus (date)	Measles (date)		

Treatment or medication to be continued at camp:

Special medication precautions or special medical concerns for camp staff, camp doctors or nurse to be aware of for this applicant in a camp setting:

Allergies: _____ **For severe allergies / medical concerns, continue on back and check here**

Special diet requirements: _____ Restrictions on activity while at camp:

Date of exam _____ Physician's name _____ Phone () _____

Doctor's Address _____ City _____ State _____ Zip _____

SIGNATURE OF PHYSICIAN or OFFICE STAMP X _____ Date _____

If Doctor's form is substituted, be sure permission to treat is signed and exam date is noted. These areas are legally essential!!

Last name,
First

Additional Optional Information

If your child has a severe life-threatening allergy, you must call the campground to personally register that information. Call Sandy Smith at 603-478-3363

Please describe allergies to food:

Please describe allergies to medications (Also fill out Camper Medication Form and bring to registration:

Please describe any other allergies:

Are there specific health concerns you have for your child?

Is your child recovering from a recent illness? If so, please describe the incident, carefully noting any limitations this might create for your child.

According to past experiences, is your child prone to homesickness? Please offer advice:

Are there telephone numbers of additional health professionals that we should have in the event that your child needs their treatment? Please list:

Anything else you want the nurse to know?