

CAMP FOWLER 2024 CAMPER CAMPER REGISTRATION FORM

Complete all fields. Print clearly. Submit with payment and signed Waiver Releases!

Today's date:	Camper status: RETURNING or NEW (circle one)
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CAMPER INFORMATION

Camper First Name:	Last Name:	Birth date: / /	Age:	2023/24 Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Camper weight:	Cabin Mate Names (optional): 1) _____ 2) _____ 3) _____ <small>(Use line 3 for parent cabin-counselor or cabin mate)</small>	Select camp week: Residential: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7 Week numbers have changed! Wilderness: <input type="checkbox"/> 1 Paths & Paddles (7 th -9 th) <input type="checkbox"/> 1 ADK Wild <input type="checkbox"/> 2 ADK Wild <input type="checkbox"/> 4 MS sailing <input type="checkbox"/> 4 High Peaks <input type="checkbox"/> 5 HS sailing <input type="checkbox"/> 7 Backpacking <input type="checkbox"/> 7 Paths & Paddles (9 th – 12 th) Be sure to view the 2024 calendar for camp week details! Tiered pricing – Tier 1 = \$725, Tier 2 = \$590, Tier 3 = \$490			

PARENT/GUARDIAN INFORMATION

Parent/Guardian: First Name,	Last Name:	E Mail Address (Required for registration):		
Street address:		Primary Phone: ()	Other Phone: ()	
P.O. Box:	City:	State:	ZIP Code:	
Emergency contact person (not you):	Emergency contact phone number:		Family church affiliation:	

INSURANCE INFORMATION & MEDICAL HISTORY

Insurance provider:	Identification number:	Group number:
Primary care physician:	Physician's phone: ()	

(Please provide current and accurate medical information regarding your child's medical history)

<b style="color: red;">Do you anticipate sending medication to camp for your camper? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not sure at this time	FOR ALL ISSUES CHECKED Please provide detailed information (use separate sheet if necessary):
Check all medical issues that apply to your child: <input type="checkbox"/> ADD <input type="checkbox"/> FAINTING <input type="checkbox"/> ADHD <input type="checkbox"/> ALLERGIES: ENVIRONMENTAL <input type="checkbox"/> ASTHMA <input type="checkbox"/> ALLERGIES: FOOD <input type="checkbox"/> PHYSICAL LIMITATIONS <input type="checkbox"/> ALLERGIES: MEDICATION <input type="checkbox"/> SPECIAL DIET <input type="checkbox"/> ALLERGIES: INSECT <input type="checkbox"/> LEARNING DISABILITIES <input type="checkbox"/> OTHER	

Medical forms & Waivers REQUIRED to attend camp:

<input type="checkbox"/> Waivers: Review & Sign <small>(Required waivers: 'parent signed' required with registration submission. Required to attend camp)</small>	<input type="checkbox"/> Medication Authorization Form <small>(Completed form required at camper check-in. Requires parent and healthcare provider signature for camp nurse to dispense any form of medication)</small>	<input type="checkbox"/> Current Immunization List <small>(Bring current immunization list to camper check-in, if not a NY State public school camper. Required to attend camp: NYSDOH)</small>
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PAYMENT OPTIONS (FULL PAYMENT DUE BY JUNE 30)

Many churches and organizations give scholarships to Fowler campers. If you are applying for aid, give your church a copy of your registration receipt. Your registration receipt is sent to your email address. Apply early: aid is limited. Final balance is due prior to June 30.

Scholarship awards are due paid to your account PRIOR to June 30.

Select payment option: <small>(Payment must accompany registration)</small> <input type="checkbox"/> \$150 non-refundable deposit OR <input type="checkbox"/> Payment in full:	Select payment method: <input type="checkbox"/> By Check <small>(Enclose check payable to Camp Fowler & mail to 1790 Grand Blvd. Schenectady, NY 12309)</small> OR <input type="checkbox"/> By Credit Card (complete card info)	Name on Credit Card: Account # _____ Exp date: _____ CV code: _____ Zip code: _____ Amount: Tier 1, Tier 2, or Tier 3 or \$150
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The above information is true to the best of my knowledge. I authorize my child to be registered in the camp week indicated. I understand that I am financially responsible for full payment of this week. I understand the non-refundable deposit is not under any circumstances refundable.

Patient/Guardian signature

Date

Mail completed registration form, payment and signed Waivers form to: Camp Fowler, 1790 Grand Blvd. Schenectady, NY 12309

Parent/Guardian "Release Waiver(s)" due WITH registration submission.

Parents please read each section and date and sign indicating your understanding, release and compliance.
This form completed and signed by a parent/guardian is required for your child to attend Camp Fowler.

Your child's name:

PHOTO & VIDEO RELEASE

I understand photos and videos are taken during camp and used for promotional and publicity material for Camp Fowler. I hereby give permission that photos and/or videos of my child may be used for Fowler publicity purposes.

Parent please provide your signature of consent for the "photo & video" release:

Date:

Signature:

SUNSCREEN & INSECT REPELLENT

I consent to have my child carry and use the sunscreen and insect repellent they have brought, or the camp has supplied, which is approved by the FDA for over the counter use, to avoid overexposure to the sun and insect bites. My child may be assisted by unlicensed Fowler staff if they request help.

Parent please provide your signature of consent:

Date:

Parent's signature:

PARENT/GUARDIAN RELEASE WAIVER

My child's medical history and all information, as I have listed, is accurate and current. I understand I am required to submit "Immunization Records" and the "Medication Authorization Form" on behalf of my child to STAFF at ARRIVAL check-in. I agree that my child's medical records can be released in case of illness/injury and/or transportation as required. In the event that I can not be reached, I give permission to the Physician selected by the Fowler Director to hospitalize, select treatment for, order medications, anesthetize, and/or perform surgery on my child listed herein.

Regarding viral infections: I understand and will comply that if my child develops a fever of 100 degrees or more, or other symptoms of COVID-19, they will be quarantined immediately and released to me upon my arrival. I understand no exceptions will be made. I understand that Camp Fowler is in compliance regarding all NYSDOH regulations.

I understand and will not seek reimbursement of camper fees should, in the unlikely event, my child needed to return home due to illness/injury.

Parent please provide your signature of release and consent:

Date:

Parent's signature:

RISK DISCLOSURE & WAIVER

The nature of the Fowler program involves risks. Our activities include such things as: archery, canoeing, hiking, backcountry travel and camping, arts, recreation, sailing, low ropes, swimming. Some of our programs and trips take place in the wilderness where access to emergency medical facilities may be more remote. Recognition and management of risks and hazards in the wilderness and program are taught and practiced at Fowler. Two weeks of staff training include certification in Wilderness First Aid, CPR, emergency procedures, skills for activity areas and leading wilderness activities. Fowler has a Health Director on site at camp. The New York State Department of Health inspects the camp each summer. A certified Lifeguard or Water Safety Instructor supervises all waterfront activities.

Even Fowler's best efforts cannot guarantee safety or eliminate real risks. If after reading through Fowler's publications you have any questions about Fowler's programs, activities and/or personnel please don't hesitate to call the Camp Director to discuss these. He can be reached at (518-631- 6789 – winter; 518-548-6524 – summer). It is important that parents and campers assume these risks with us as we together participate in the Fowler program.

Please continue reading and indicate your consent with your signature below.

I am the parent/guardian of the camper registered herein and I hereby give permission for my child, the camper to be transported in camp-designated vehicles for off-site trips as well as for emergency or routine medical care. I understand that the driver of these vehicles is a staff member 21 years of age or older. I agree to the release of any records necessary for treatment, referral, billing, insurance purposes or any other purpose Fowler Administrative staff deems necessary. I have been informed and am aware – and give permission – for my child to participate in swimming at sites that are not inspected by a permit-issuing official. With the permit-issuing official's knowledge, qualified Fowler staff will determine the suitability of the swimming site. I understand the location of canoe trips, swimming, and hiking may be remote or inaccessible and thus prevent prompt transfer to an emergency medical facility. I have carefully read and understand the program policies and risks as presented in Fowler publications. I have had the opportunity to ask questions and I have discussed these with my child and we accept the inherent and program risks involved.

By signing below I acknowledge that participation in the Fowler program involves risk to the participant and may result in various types of injury. In consideration for the opportunity to participate in the Fowler program, I acknowledge and accept the risks of injury associated with participation in the Fowler program.

Parent please provide your signature of release and consent:

Date:

Parent's signature:

PAYMENT POLICY & CAMPER FEES

1. The "Account Holder" is responsible for all fees.
2. \$150 non-refundable deposit is not ever refundable.
3. Full payment is required by June 30.
4. Payments received after June 30 may accrue a late fee.

5. After June 30, payments are not refundable.
6. Transfer requests are conditional upon availability.
7. "Scholarships" from churches or other organizations are applied to accounts upon receipt.
8. Refund request form link (for special circumstances) is available from the Fowler Administrator

Parent please provide your signature of understanding & compliance:

Date:

Parent's signature:

REQUIREMENTS PRIOR TO & AT CAMPER ARRIVAL & CHECK-IN

- Medication Authorization Form
- Current Immunization List (non NY State public school campers)
- Proper Camping Gear for my child

Parent please provide your signature of understanding & compliance:

Date:

Parent's Signature: