

CAMP FOWLER 2017 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:	2016/17 Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Camper weight:	Cabin Mate Names (optional): 1) _____ 2) _____ 3) _____ (Use line 3 for parent cabin-counselor or cabin mate)	Select camp week: (Unless otherwise noted weeks are \$425) Residential: <input type="checkbox"/> 20, <input type="checkbox"/> 25 (\$380), ends Thursday), <input type="checkbox"/> 30, <input type="checkbox"/> 40, <input type="checkbox"/> 60, <input type="checkbox"/> 70, <input type="checkbox"/> 80, <input type="checkbox"/> 80/85, <input type="checkbox"/> 95 (ends Thursday) Wilderness: <input type="checkbox"/> 22, <input type="checkbox"/> 32, <input type="checkbox"/> 42, <input type="checkbox"/> 52, <input type="checkbox"/> 62, <input type="checkbox"/> 72, <input type="checkbox"/> 82, <input type="checkbox"/> 92 Be sure to view the 2017 calendar for camp week details!			

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:	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)

Check all medical issues that apply to your child: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> ASTHMA <input type="checkbox"/> PHYSICAL LIMITATIONS <input type="checkbox"/> SPECIAL DIET <input type="checkbox"/> LEARNING DISABILITIES	<input type="checkbox"/> FAINTING <input type="checkbox"/> ALLERGIES: ENVIRONMENTAL <input type="checkbox"/> ALLERGIES: FOOD <input type="checkbox"/> ALLERGIES: MEDICATION <input type="checkbox"/> ALLERGIES: INSECT <input type="checkbox"/> OTHER	FOR ALL ISSUES CHECKED Please provide detailed information (use separate sheet if necessary):
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Medical forms & Waivers REQUIRED to attend camp:

<input type="checkbox"/> Current Immunization List (Bring current immunization list to camper check-in . Required to attend camp: NYSDOH)	<input type="checkbox"/> Medical Authorization Form (MAF) (Completed form required at camper check-in . Requires parent and doctor signature for camp nurse to dispense any form of medication)	<input type="checkbox"/> Waivers: Review & Sign (Required waivers: 'parent signed' required with registration submission . Required to attend camp)
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PAYMENT OPTIONS (FULL PAYMENT DUE BY JUNE 25)

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 25.

Scholarship awards are due paid to your account PRIOR to June 25.

Select payment option: (Payment must accompany registration) <input type="checkbox"/> \$150 non-refundable deposit OR <input type="checkbox"/> Payment in full: \$425 or \$380 (mini week)	Select payment method: <input type="checkbox"/> By Check (Enclose check payable to Camp Fowler & mail to 1790 Grand Blvd. Schenectady, NY 12309) OR <input type="checkbox"/> By Credit Card (complete card info)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name on Credit Card:</td> </tr> <tr> <td style="width: 50%;">Account #</td> <td></td> </tr> <tr> <td>Exp date:</td> <td></td> </tr> <tr> <td>CV code:</td> <td></td> </tr> <tr> <td>Zip code:</td> <td></td> </tr> <tr> <td>Amount:</td> <td style="text-align: center;">\$425 or \$380 or \$150</td> </tr> </table>	Name on Credit Card:		Account #		Exp date:		CV code:		Zip code:		Amount:	\$425 or \$380 or \$150
Name on Credit Card:														
Account #														
Exp date:														
CV code:														
Zip code:														
Amount:	\$425 or \$380 or \$150													

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
OR Register ONLINE at www.campfowler.org. Call 518-631-6789 for more information. Fowler does not accept Faxes.

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:

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 he/ she 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 complete 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 from 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, back country 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 25.
4. Payments received after June 25 may accrue a late fee.

5. After June 25, payments are not refundable.
6. Transfer requests are conditional upon availability.
7. "Scholarships" from churches & organizations are due paid to your account prior to June 25.
8. Refund request (for special circumstances) form link is available on the website.

Parent please provide your signature of understanding & compliance:

Date:

Parent's signature:

REQUIREMENTS at CAMPER ARRIVAL & CHECK-IN

- Current Immunization List
 All Waivers & Signatures herein

- Medical Authorization Form (MAF)
 Proper Camping Gear for my child

Parent please provide your signature of understanding & compliance:

Date:

Parent's Signature: