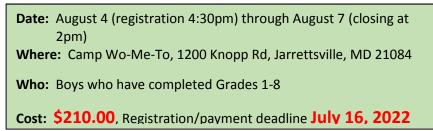
2022 Mission Camp for Boys





Please mail completed form with full payment to: *Camp Wo-Me-To*, PO Box 160, Jarrettsville, MD 21084. Make checks or money orders payable to: *Camp Wo-Me-To*

For additional information please contact Monica Cole mcole633@gmail.com

PLEASE PRINT CLEARLY

Camper's Name		AgeDOB
Address	City	State Zip
Preferred Phone Number	Circle one) home cell Last grade	e completed
Child's T-shirt size (choose one) YS YM YI	YXL AS AM AL A	KL A2XL
Names of parents/guardians authorized to pick u	p child	email
Is the camper a Christian? Church member?	Church's name?	
Is there anything that would prohibit full particip	ation in the camping program?	If yes, please list specifics:

Please list any other special information we need including sleepwalking, bedwetting, and food allergies. Please note if child has a vegetarian, vegan, or gluten free diet.

Cabin Leaders: Every cabin leader and camp staffer will have the appropriate background check. We want camp to be as safe as possible for every child attending.

Refunds and Cancellations: A refund will be granted only if for medical necessity accompanied by a doctor's note.

No cell phones. No exceptions. Emergency calls will be placed by Tim Arnett, the camp director. He can be reached on 443-799-2255. Incoming calls will be checked often and returned as soon as possible. The camp number is 410-557-6296.

Early departure: Campers must have a signed note and be picked up by an authorized parent/guardian. It must be sent in advance to the camp director or given to the camp director during onsite registration.

Checkout from Camp: All campers **MUST** checkout with their cabin leader before leaving camp with the authorized parent/guardian. All campers and cabin leaders **MUST** stay within their "pods" to ensure safety and lower any chance of viral transmission.

Personal Medical Information

Please attach a copy of the FRONT and BACK of your insurance card. Insurance information is required for Camp admission.

Camper's Name							
List any medical difficulties for which camper is currently being treated:							
Check and give dates for conditions which the	camper has experienced. asthma seizures						
ear infections heart disease	_ diabetes dizziness hay fever						
	per's medication form and send with registration. If no medication is at the bottom of the form and return with registration.						
Emergency contacts:							
Name	Phone						
Name	Phone						
Primary Care Physician	Phone						
Permission for treatment. If my child become camp's health/safety representative to issue t	nes sick while attending any camp function, I give permission for the he following non-prescription medications:						
Acetaminophen (Tylenol)	Antihistamine (Benadryl)						
Ibuprofen (Motrin, Advil)	Mild laxative (Ex-lax)						
Imodium AD	Antacid (Mylanta)						
Calamine lotion	Sore Throat Lozenge						
**Parent signature	Date						

Authorization for medical treatment, sunscreen use and application, and media release.

IN CASE OF EMERGENCY, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injection of medications for my child.

Sunscreen containers must be clearly labeled with the camper's name and must be provided to camp staff at checkin. We highly recommend SPF 30 spray sunscreen. Campers should apply the sunscreen on their own. If assistance is needed it will be provided by camp staff ONLY if specifically, authorized.

I hereby give WMU of MD/DE and Camp Wo-Me-To permission to use any photographs or video recordings, statements and testimonial notes of my child or myself for any media, advertising, publicity, commercial, Facebook posting, or any other business purposes conducted by the WMU of MD/DE and Camp Wo-Me-To. I agree to allow them to use any images or declarations and waive all right to compensation or ownership of the materials.

I hereby give WMU of MD/DE and Camp Wo-Me-To permission to use my email as a contact for upcoming events.

Name (print): _____ Date: _____

**Signature

Medication Form for:

Cabin number	(completed by	/ doctor only):
		····· //

Medicine	Dosage	Morning	Noon	Evening	Other	As Needed

Inhalers and EpiPen will remain with campers at all times.

Prescription medicines must be in original pharmacy packaging and will only be dispensed per doctor's instructions.

Non-prescription medicines must be in original packaging and will only be dispensed per package instructions.

Authorization for Swimming

The Camp Wo-Me-To pool has a shallow water section and a deep-water section. Campers who want to swim in the deep water **must** pass a swimming test by our lifeguards. There are lifeguards on duty at all times. No camper will be allowed in the pool area without a signature below.

Check one: Advanced Swimmer

Average Swimmer
Non—Swimmer

_is granted my permission to go swimming while attending camp.

**Signature of parent or guardian _____

What to Bring

Boys Camp Checklist

- □ Photo of negative COVID-19 home test
- 🗆 Bible
- □ Sleeping bag or twin sheets/blanket/pillow
- □ Toiletries/personal hygiene items
- □ Towels (one for bathing, one for swimming) and wash cloth
- 🗆 Swimsuit
- □ Changes of clothes/ rain jacket
- □ Tennis shoes and creek shoes/strapped sandals (to be worn in shallow water)
- □ Sunscreen (preferably SPF 30 spray)/insect repellent
- □ Medications (to be administered by staff only). Inhalers and EpiPen will remain with campers at all times.
- □ Pencil/pen/marker
- □ Flashlight
- Personal hand sanitizer
- □ Masks coverings (2 N95 or 2 KN95 recommended)

what not to bring

- □ Money (snacks are included)
- Electronic devices of any kind (games, music, cell phones). Tim Arnett, Camp Director, has a cell phone in case of emergency: 443-799-2255
- 🛛 Knives

COVID GUIDELINES

In order to limit the possibility of COVID-19 entering Camp-Wo-Me-To property, we will be screening all guests before entry for all camps/programs. This will include:

- 1. All campers, counselors, and staff will be required to show a negative PCR COVID test done within **72 hours** of arriving at camp.
- 2. All campers and adult participants will sign and complete a health questionnaire and medical release when arriving at camp, stating that they exhibited no symptoms associated with COVID-19 during the 14 day period leading up to their arrival at camp Wo-Me-To. This includes a statement that also verifies that they have not been a close contact with a positive case of COVID-19 within the past 14 days. The Health Questionnaire and Medical Release form is located on the website. *Camp registration is not considered complete until registration is paid in full.*
- 3. All participants staying at camp will have a daily temperature check in the morning. Anyone with a temperature higher than 100.3 or possible symptoms will be isolated and not be allowed to remain at camp.
- 4. Wearing a face mask is not required while at cap, however, if you choose to, you may wear a face mask.

These guidelines are subject to change in alignment with the CDC and MD Health Department recommendations.