

2021 Mission Camp for Girls

Date: July 8 (registration 4pm) through July 11 (closing at 1:30pm)

Where: Camp Wo-Me-To, 1200 Knopp Rd, Jarrettsville, MD 21084

Who: Girls who have completed grades 4-12

Cost: **\$195.00**, Registration/payment deadline **June 18, 2021**



Please mail complete form with full payment to: Camp Wo-Me-To, PO Box 160, Jarrettsville, MD 21084.

Make checks payable to: *Camp Wo-Me-To*

For additional information please contact: **Jancy Glisson, 443-944-6158, raisinpie@comcast.net**

PLEASE PRINT CLEARLY

Campers Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Preferred Phone Number _____ (Circle one) home cell _____ Last grade completed _____

Parent/Guardian Name _____ Email _____

Child's T-shirt size (choose one) **YS YM YL YXL AS AM AL AXL A2XL**

Names of parents/guardians authorized to pick up child _____

Is the camper a Christian? ___ Church member? ___ Church's name? _____

Is there anything that would prohibit full participation 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.

Snacks & Gift Shop: The snack shack and gift shop will be open at scheduled break times. Campers will want to bring extra money for purchasing snacks as well as gifts. The money is kept and monitored by the "camp banker."

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: Refunds will be granted if the cancellation is received before the registration deadline. ***No exceptions will be made except for medical necessity accompanied by a doctor's note.***

Room assignments: Cabins will be assigned to campers according to their age. **We will honor one cabin mate request that will be approved by the camp director.** **Name:** _____

No cell phones. No exceptions. Emergency calls will be placed by camp director, Jancy Glisson. 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 the on-site registration.

Checkout from Camp: All campers **MUST** checkout with their cabin leader before leaving camp with the authorized parent/guardian.

Personal Medical Information

Please attach a copy of the FRONT and BACK of your insurance card. Insurance information 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 _____

Current medications: Fill out **attached** Camper's medication form and send with registration. If no medication is needed, please sign the **Authorization for Swimming** 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 becomes sick while attending any camp function, I give permission for the camp's health/safety representative to issue the 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.

Due to COVID-19, a screening will be conducted prior to registration. Any camper with symptoms, cannot be registered for camp. **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 check-in. 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.

Date _____

Name (print) _____ **Signature _____

Medication Form for: _____

Cabin number **(completed by nurse 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** _____

MARYLAND - DEPARTMENT OF HEALTH

AMENDED DIRECTIVE AND ORDER REGARDING YOUTH CAMP PROGRAMS

Youth Camp Operations/Preventions

- ✓ Temperatures will be taken at registration and every morning before breakfast; any camper who has a temperature of **100.4°F or higher** will not be able to stay for the camp. If a camper has a fever anytime during the duration of the camp, the camper will have to be picked up by parent, guardian etc.
- ✓ Social distancing (6 feet physical distance whenever possible).
- ✓ Hand hygiene
- ✓ Cough and sneeze hygiene
- ✓ Campers age 5 and older should wear face coverings when interacting with staff, parents, and other campers and practice proper use, removal, washing and disposal of face coverings.