

2022 Mission Camp for Girls

Date: July 10 (registration 4 pm) through July 15 (closing at 12:00 pm)
Where: Camp Wo-Me-To, 1200 Knopp Rd, Jarrettsville, MD 21084
Who: Girls who are entering Grades 4–12
Cost: **\$335.00**, Registration/payment for campers
Deadline: **June 18, 2022**



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 addition information please contact: **Spring Lee, 443-691-1642, springer71704@gmail.com**

PLEASE PRINT CLEARLY

Camper's 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 _____ email _____

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: *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 camp director, Spring Lee. 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. 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 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. 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.

Name (print): _____ Date: _____

****Signature:** _____

Medication Form for: _____

Cabin number (completed by nurse only): _____

| Medicine | Dosage | Morning | Noon | Evening | Other | As Needed |
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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

Girls 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 (one piece or T-shirt over two piece)
- Changes of clothes/rain jacket/one dressier outfit for candlelight service. No high heels, please.
- Tennis shoes and creek shoes (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
- Spending money in small bills (no more than \$30.00)
- Mask coverings (6)
- Hand sanitizer

What not to bring

- Electronic devices of any kind (games, music, cell phones). Camp director has a cell phone in case of emergency.

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 camp, 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.