

**United Methodist Church
Camp REYOAD
INFORMATION SHEET**

Guardian and Prospective Campers: Read this application carefully and FILL IN ALL BLANKS! Campers will NOT be enrolled if necessary information is withheld.

Location: Epworth Forest is located on Lake Webster. Proceed on State Road 13 to the north edge of North Webster, IN. Turn east on Epworth Forest Road. Travel ½ mile to 6th Street and turn right at Epworth Forest entrance. Curve to left onto Wesley Lane and follow to Impact 2818 sign.

Address for letters to campers: Please put camper name, Camp REYOAD, c/o Epworth Forest, 8580 E. Wesley Lane, North Webster, IN 46555. Phone number is 574/834-2212.

Sponsorship: Camp REYOAD is sponsored by the North Indiana Conference of the United Methodist Church but enjoys ecumenical participation and leadership.

Insurance: All campers are provided with limited accident insurance while at camp.

Medication: All medications WILL BE secured and dispensed by the staff. All medications are to be in WELL-LABELED containers.

What to bring: Clothing appropriate for the season and DAILY changes. Include personal toilet articles, sleeping bag and/or bedclothes. Campers are encouraged to bring shower thongs. Mark all items with the camper's name!

Money: Any money will be deposited with the director to disburse on a daily basis. Each camper will be asked to bring an extra activity fee that should not exceed \$30.00. **Please do not send this in with your registration.**

Arrival: Campers are to arrive after 1:00 p.m. on Sunday, June 15, 2008.

Pick up your camper: by 11:00 a.m. on Saturday, June 21, 2008.

CRITERIA OF ACCEPTANCE

- MUST be independently ambulatory (much walking is done).
- MUST be capable of self-care (TOILET-TRAINED, personal cleanliness, self-dressing and FREE FROM BEDWETTING!!!)
- MUST be physically and mentally capable of participating in the program.
- MUST be free from psychiatric and psychological problems.
- MUST be socially capable to adjust to group living.
- MUST be able to eat cafeteria food (NO SPECIAL DIETS).
- MUST be 16 years of age.
- WE GREATLY DISCOURAGE SMOKING. IF THE CAMPER MUST SMOKE, IT IS UNDER THE SUPERVISION OF THE DIRECTORS.

NOTE: Camp Registration fee is \$395. This is the early bird price if registered before April 1. After April 1, add \$15. After June 1, add \$30.

REGISTRATION DEADLINE: May 15, 2008

**United Methodist Church
Camp REYOAD
PARENT/GUARDIAN FORM**

June 15-21, 2008

Age limits 16-60

You must respond to all blanks.

*Recent Photo
(For first time camper)*

Name of Camper _____ Sex _____

Camper Address: _____

_____ Zip: _____

Telephone: (____) _____

Name of your church: _____

Date of birth: _____ Age: _____
Month Day Year

Social Security #: _____

Medicaid/Medicare: _____

Name of Guardian: _____

Guardian Address: _____

Telephone: _____

Emergency Information

(We need to know of a person we can always contact if an emergency arises.)

Name: _____ Telephone: (____) _____

Evening Telephone: (____) _____

Address: _____ Zip: _____

Medical Treatment Release

I authorize the director (or his designee) to seek emergency medical treatment necessary to maintain health and safety of the camper named hereon. We agree to come and pick up the camper if necessary.

SIGNATURE OF PARENT/GUARDIAN: _____

Is camper emancipated with no guardian? Yes: _____ No: _____ Date of signature: ____/____/____

Name of insurance company: _____

On the back, please include a brief family history related to your camper.

MAIL all completed forms and check for \$395*, payable to: *North Indiana Conference* to:

Impact 2818 Registrar
P.O. Box 869
Marion, IN 46952

*** If registering after April 1 add \$15, if after June 1 add \$30 to fee.**

YOU MUST HAVE BEEN
SEEN BY A DOCTOR
RECENTLY

**United Methodist Church
Camp REYOAD
MEDICAL INFORMATION AND CONSENT FORM**

Please print legibly or type

SECTION 1: To be completed by physician:

Name of Camper: _____ Date: _____

Nickname (if other than above): _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis of camper's handicap: _____

KNOWN MEDICAL CONDITIONS:

() Allergies (list): _____
(plants, prescription and non-prescription drugs, insects, food, etc.)

() Seizures, frequency: _____

() Other, list: _____

IMMUNIZATION DATES: Last Tetanus _____ Last TB Test _____

HEPATITIS STATUS: Screening Date _____ Vaccination Date _____

MEDICATIONS: (List all prescription and non-prescription medications to be used during the week of camp):

MEDICATION	DOSAGE	TIME TO BE GIVEN	OTHER
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

Physician's Name: _____ Phone: _____

Physician's Address: _____

Physician's Signature: _____

Please turn over and complete back side.

SECTION 2: To be completed by parent/guardian/advocate:

Person to contact in the event of an emergency:

Name: _____ Phone: (day) _____

Relationship: _____ (home) _____

Level of communication: _____ Hearing: _____ Vision: _____

Does camper have any special fears or concerns: _____

Are there any foods or activities that the camper should avoid? _____

Appliances: (check all that apply)

____ Glasses ____ Hearing aid/aids: L__ R__

____ Dentures ____ Other, list: _____

Any other information about the camper that might be helpful: _____

* All medications will be kept with and dispensed by camp nurse.

** Each medication must be in its own prescription labeled bottle or package. All non-prescription items must be in their original packages or containers and labeled with camper's name. NO EXCEPTIONS!

**United Methodist Church
Camp REYOAD
ACTIVITIES INFORMATION FORM**

Please respond to all blanks.

To Parent:

Take this form to your camper's school or workshop to have completed. Include it with all forms to be sent to Camp Registrar.

Name of Camper: _____ Age: _____

Name of workshop or activity: _____

Address of above: _____

Name of contact person: _____

Telephone: _____

How well or poorly does applicant participate in group activities: _____

Any additional comments: (i.e. How does applicant get along with others; list the applicant's hobbies, interests, unusual behavior and fears.)

Date: _____

Signature of Principal, Director, or Adult in Charge

TO WORKSHOP OR ACTIVITIES DIRECTOR: Please be thoughtful and candid.