

REGISTRATION

Send Registration/Health Record with full payment to:
CAMP WARWICK, REGISTRAR
P. O. Box 349, Warwick, NY 10990 / 845-986-1164
Payment Options: Checks payable to The Warwick Center, Inc.
Credit Card: Visa/Mastercard

This form must be completed by **PARENT/ GUARDIAN**.

CAMPER INFORMATION (where camper resides)

Last Name _____ First Name _____ Initial _____
Mailing Address _____
City _____ State _____ Zip _____
Birth Date ____/____/____ Age _____ Grade completed June, 2010 _____ Male Female
Home Telephone _____ Camper E-mail _____
3 FOR FREE FRIEND: _____

CHURCH INFORMATION

Reformed Church in America _____ Other _____

Church Name _____ Denomination _____
Address _____
City _____ State _____ Zip _____
Minister _____ Church Telephone _____
Church Email _____

GENERAL CONSENT RELEASE FOR CAMP WARWICK

In signing this release, I certify that the information on this form is correct. In case of a medical emergency, I authorize the release of medical records and understand that every effort will be made to contact the parent/guardian. **In the event that the parent/guardian cannot be reached, permission is hereby given to the physician selected by The Warwick Center to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward, as named herein.** I understand that I am responsible for the cost of prescriptions, doctor visits and/or emergency room visits during my child/ward's stay at Camp Warwick. I authorize the Camp Warwick Health Director to supervise the self-medication of prescription and over-the-counter medicines by my child/ward at on-site camps and supervise the First Aid Personnel of off-site camps in the distribution of medicines. I give permission for my child/ward to be transported in The Warwick Center vehicles or other designated vehicles to and from public transportation. I give permission for my child/ward to be transported in The Warwick Center vehicles as necessary for approved off-site camp activities. I authorize the use of photographs and videos of my child/ward in camp publicity.

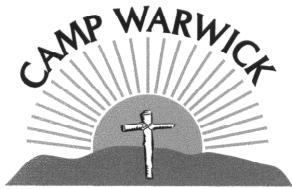
Parent/Guardian Signature _____ Date _____

NOTARY PUBLIC SIGNATURE _____

NOTARY PUBLIC STAMP

COUNTY & STATE _____

**NOTARIZED HOSPITAL RELEASE STATEMENT REQUIRED
BY THE MEDICAL FACILITY AND CAMP WARWICK.**



FULL PAYMENT MUST ACCOMPANY REGISTRATION

OVERNIGHT CAMPS

Please circle the weeks your child wishes to attend camp.

CAMP NAME	CAMP WEEK(S)							CAMP FEES
In Camp	1	3	W	4	5	6	7	\$ _____
Saddle Up Camp	1	3		4	5	6	7	\$ _____
Wilderness Camp		3		4	5		7	\$ _____

Amount church will contribute (check must accompany registration form) \$ _____

OVERNIGHT CAMP SUBTOTAL \$ _____

DAY CAMPS

Please list below the weeks your child wishes to attend. **FULL PAYMENT FOR THE FIRST WEEK** your child wishes to attend must accompany registration. For each additional week your child wishes to attend, please remit a \$20.00 non-refundable deposit.

CAMP NAME	CAMP WEEK	CAMP FEES
Day Camp	1 2 3 4 5 6 7 8 (circle all weeks your child will be attending)	
	First week fee:	\$ _____
	Additional weeks deposit fee (_____ weeks @ \$20.00 per week):	\$ _____

Junior High Day Camp	1 2 3 4 5 6 7 8 (circle all weeks your child will be attending)	
	First week fee:	\$ _____
	Additional weeks deposit fee (_____ weeks @ \$20.00 per week):	\$ _____

DAY CAMP / JHDC SUBTOTAL \$ _____

CAMP FEES GRAND TOTAL \$ _____

PAYMENT OPTIONS Check Enclosed. Credit Card.
 Please bill \$ _____ on my VISA or MASTERCARD (circle one) Credit Card # _____
 Exp. Date _____ Cardholder Signature _____

CAMP FEE MUST ACCOMPANY THIS REGISTRATION, unless you are applying for a scholarship. Health forms must be filled out completely in order to hold your space. You will receive two confirmation mailings: 1) a post card confirming the week(s) registered within four weeks after receipt of your registration, and 2) by June 1, a confirmation packet including directions, what to bring and other pertinent information.

SCHOLARSHIPS ARE AWARDED FOR OVERNIGHT CAMPS ONLY. Scholarships are available to anyone who has a need. It is our desire that no child miss out on a Camp Warwick experience due to a financial need. Scholarships are available through the generosity of the Synod of New York, Reformed Church in America; Port Ewen Church Scholarship Fund; Jeremy P. Nulton Memorial Scholarship Fund, and Rev. Herman D. De Jong Scholarship Fund.

BUNK PARTNER PREFERENCE (one name only): _____

Two campers wishing to be in the same cabin must send registrations in the same envelope. Making new friends fosters the spirit of camp. Groups larger than two will not be assigned to the same cabin.

Please use one registration form per child. Copies may be made of this form.

HEALTH RECORD

The HEALTH RECORD must be completed and signed by parent/guardian and **NOTARIZED** before registration will be accepted.

CAMPER INFORMATION

Is this the camper's first summer at Camp Warwick? Yes No

Last Name _____ First Name _____ Initial _____

Birth Date ____/____/____ Age _____ Grade completed June 2010 _____ Male Female

PARENT/GUARDIAN INFORMATION (WHERE CAMPER RESIDES)

Mother's Last Name _____ First Name _____ Initial _____

Father's Last Name _____ First Name _____ Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Father Cell Phone _____ Mother Cell Phone _____

Father Business Telephone _____ Mother Business Telephone _____

EMERGENCY CONTACT INFORMATION (IF PARENT/GUARDIAN CANNOT BE REACHED)

Emergency Contact _____ Telephone _____

Relationship to Camper _____

Family Physician _____ Telephone _____

Health Insurance Co. _____ Type of Policy _____ Policy # _____

Policy Holder Name and Address _____

Policy Holder's Date of Birth ____/____/____ Social Security # _____

Attach a photocopy of the insurance card (front and back).

Prescription drug policy? Yes No If yes, attach a photocopy of the prescription card (front and back).

PLEASE NOTE: The Warwick Center / Camp Warwick is not responsible for the cost of prescriptions, doctor visits, or emergency room visits during your camp stay.

MEDICAL INFORMATION

Is your child in general good health and able to participate in all normal camp activities? Yes No

ADD <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Murmur <input type="checkbox"/> Yes <input type="checkbox"/> No	Throat problems <input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	As infant <input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures/Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Current problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No
Dizzy spells <input type="checkbox"/> Yes <input type="checkbox"/> No	Chest Pain <input type="checkbox"/> Yes <input type="checkbox"/> No	Special diet <input type="checkbox"/> Yes <input type="checkbox"/> No
Motion sickness <input type="checkbox"/> Yes <input type="checkbox"/> No	Irregular Heartbeat <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent nausea <input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic back pain <input type="checkbox"/> Yes <input type="checkbox"/> No	Low/high blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Jaundice/Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No
Neck pain <input type="checkbox"/> Yes <input type="checkbox"/> No	Ear infections <input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty urinating <input type="checkbox"/> Yes <input type="checkbox"/> No
Homesickness <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney infection <input type="checkbox"/> Yes <input type="checkbox"/> No
Special needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No
Hyperactive <input type="checkbox"/> Yes <input type="checkbox"/> No	Severe menstrual cramps <input type="checkbox"/> Yes <input type="checkbox"/> No	Behaviorial Issues <input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR GIRLS: Has menstruated? Yes No Been told about menstruation? Yes No

Please give specific information and current status regarding any items marked "yes" above.

MEDICAL HISTORY

Have you ever been hospitalized? Yes No If yes, reason and date: _____

Chronic recurring illness _____ Any broken bones _____

Severe head, neck or back injury _____

Contagious diseases _____

Serious operations (list date/type) _____

Recent illness/injury _____

Please submit statement of how your child has been medically treated and with what medication.

FOOD ALLERGIES

List food(s) your child is allergic to: _____

What type of reaction does your child experience when ingesting these foods?

Hives Yes No Anaphylactic Shock Yes No

GI Disturbance Yes No

What treatment is given?

None Yes No Benadryl Yes No

Epi-pen* Yes No Is your child able to self-administer epi-pen? Yes No

Other: _____

*Requires a doctor's order. Complete Medical Authorization Form sent in confirmation packet.

Camp Warwick makes every attempt to accommodate food allergies and sensitivities. However, in cases of potential life-threatening allergies families are encouraged to send their own food and snacks. We encourage you to call two weeks prior to your child attending camp to discuss specific arrangements at 845-986-1164. Ask for Arlene Tenckinck.

SKIN ALLERGIES

Yes No If "yes", please list: _____

MEDICATION ALLERGIES

List any prescription or over-the-counter medications that your child is allergic to: _____

OTHER ALLERGIES

Bee Sting Yes No Poison Ivy/Oak/Sumac Yes No

Hay Fever Yes No Suntan Lotion Yes No

Reaction: _____

Treatment: _____

IMMUNIZATIONS

This section must be completed **IN FULL** by parent/guardian in order for registration to be processed.

LIST DATES - NYS Requirement.

DPT _____ M.M.R. _____

Oral Polio Vaccine _____ Varicella _____

HIB _____ Hepatitis B Series _____

All immunizations are required unless a) it is medically contraindicated (doctor's signature required) or b) choose not to for religious reasons (documentation by religious leader necessary).

MEDICATIONS / CAMP WARWICK CAMPERS

List any medication (prescription and over-the-counter) that your child is currently taking: _____

I give permission to the Camp Warwick Health Director to supervise the self-medication of the following: (Check off)

Antacids / Tums Cold medications Tylenol Ibuprofen (Advil or Motrin)

Cough syrup/drops External ointments Suntan lotion Benadryl

Other over-the-counter medications (list): _____

The Camp Warwick Health Director will supervise the self-medication of prescription and over-the-counter medicines by campers at on-site camps and oversee the First Aid personnel of off-site camps in the distribution of medicine. All medications (prescription and over-the-counter) must be given to the Health Director at the time the camper checks in. The Health Director stocks most common medications such as Tylenol and cold remedies, so it is not necessary to bring them to camp. All prescription medications must be in the original container, labeled with the camper's name, and written instructions signed by your physician must accompany the medication. All over-the-counter medications must be in the original container and labeled with the camper's name.

A USE OF MEDICATION POLICY FORM will be mailed to the campers in the confirmation packet.

**CAMP WARWICK CHALLENGE COURSE
INFORMED CONSENT FORM**

The following information pertains only to campers who are attending In Camp and Saddle Up Camp, 9-17 year olds; Wilderness Camp, 9-17 year olds; and Junior High Day Camp.

CAMPERS wishing to participate in the Challenge Course elements at Camp Warwick along AND their **PARENTS/GUARDIANS** must sign the consent form below in order to participate.

These elements may include, but are not limited to, climbing a 32 foot, four element climbing tower which includes a rock climbing wall, rappel wall, giants ladder, and zip line; group initiatives; teams wall; horizontal bouldering wall; and other rigorous physical activities.

PARENT/GUARDIAN - Assumption of Risk: We (parent/guardian) voluntarily and freely agree to allow our child/ward to engage in the activities listed above. We will allow our child/ward to participate in the challenge and adventure experiences at Camp Warwick at The Warwick Conference Center even though we know there are risks involved, including the risk of serious emotional or physical injury or disability or even death. I am willing to assume those risks and any other risk incidental to the program.

PARENT/GUARDIAN - Release of Responsibility: In consideration of our child/ward's participation in the Challenge Course program, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, will not hold Camp Warwick at The Warwick Conference Center, its directors, employees, or agents responsible or legally liable for any injuries to my child/ward, their property or the results thereof incurred and suffered as a result of my child/ward's participation in any of the activities or programs at Camp Warwick at The Warwick Conference Center.

CAMPER - Willingness to Follow Instructions: I understand that Camp Warwick at The Warwick Conference Center will provide the necessary safety equipment and trained personnel to supervise participation in these activities for me. I agree to use this equipment as directed and to observe and follow all rules and guidelines for participation in these programs as directed by the Camp Warwick staff. I further agree that failure to do so may prevent my participation in these activities.

CAMPER - Fitness to Participate: I certify that I have no physical or mental condition that would prohibit my participation in these activities. If I currently or have in the past been under treatment for any physical conditions listed on the health form, I will discuss them with the Camp Warwick Health Director and yield to his/her judgment as to whether I should participate. I understand that my participation in these challenge activities is entirely voluntary, and that I may excuse myself from participation if I desire.

We (**CAMPER, PARENT/GUARDIAN**) consent to participate in the Challenge Course at Camp Warwick at The Warwick Conference Center and certify that we (camper, parent/guardian) will hold Camp Warwick, its directors, employees, or agents harmless from any and all liability and claims arising out of participation in or in connection with the Challenge Course program of Camp Warwick at the Warwick Conference Center. (Campers need to sign their approval of participation.)

Camper Signature

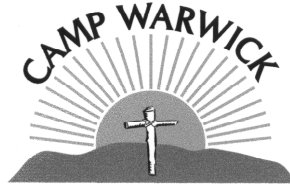
Date

Parent/Guardian Signature

Date

Parant/Guardian Signature

Date



SADDLE-UP CAMP CONSENT RELEASE

THE FOLLOWING INFORMATION PERTAINS ONLY TO CAMPERS WHO ARE ATTENDING CAMP WARWICK'S SADDLE-UP CAMP

I, the undersigned, am fully aware that horseback riding is a risk sport and that my child/ward is taking part in its activity of his/her own free will. I/we are well aware that Camp Warwick at The Warwick Center nor any member of either staff is responsible for any accident, injury, illness, or death to riders, owners, employees or spectators or any person or property whatsoever.

I understand that the Camp Warwick staff will do all that is possible to ensure this activity is conducted in a safe manner; however, I am aware that unforeseen accidents can occur. I understand that my child/ward will be required to wear the proper headgear when he/she is in the saddle.

I understand that my child/ward will be transported to and from Quiet Creek Stable in a standard 15-passenger van equipped with seat belts or a 21-passenger bus, and I will not hold the staff of Camp Warwick at The Warwick Center responsible for any accident, injury or death that might occur while enroute to and from Camp Warwick.

BEGINNER RIDER INTERMEDIATE RIDER ADVANCED RIDER

HEIGHT _____ WEIGHT _____

Camper Name

Camper Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date