

“Bring a Friend” Camper Reunion Weekend At Camp St. Charles

May 21-23, 2010

Friday evening thru Sunday afternoon
Check in - Friday 5-8pm
Check Out- Sunday 2-4pm

Cost-\$50 per person***

The fee includes meals, snacks, lodging, supervision and activities for the weekend. We will offer many of the camp activities that are offered during the summer program.

Parents and children participate together during the parent-child weekend schedule for April 30-May 2 but this event is just for campers!

During the 1st annual Bring a Friend Reunion weekend, current Camp St. Charles campers may come to reconnect with old friends, make new friends and introduce your “home friends” to your “camp friends” and to the fun of Camp St. Charles. Who knows, they might not get so annoyed with all of your stories about camp if they get to see what it is all about!!

REGISTRATION DEADLINE: FRIDAY MAY 7th or until no more spaces remain!

*** Bring a friend who has not attended Camp St. Charles but is eligible (age 7-13 years) to attend this summer and your friend comes for free!! (one free friend per paying camper, additional friends may attend for \$50) Please submit all pages of this application for campers and any “free friend” in a single mailing.

Mail Enrollment Form and Payments to: Camp St. Charles Sheri Belisle, Registrar 9692 Meadowview Dr Newburg MD 20664 (240)233-3106 phone (301)576-5944 fax

The Camp location is 15375 Stella Maris Drive Newburg MD 20664 **please, do not send enrollment forms to this address.

Questions? Call Laura Hall, Camp Director at 301-934-8799 or email at CSCLAURAHALL@GMAIL.COM

Visit Campstcharles.com for directions, photos and more!

**“Bring a Friend” Camper Reunion Weekend
at Camp St. Charles Application
May 21-23, 2010**

**you may use one form per household (siblings may be listed on a single form)

Full Names of Participants: (if your child has a preferred nick name that they typical go by, please list the full legal name and then the nick name in parenthesis)

_____ Age: _____ gender: __ M __ F
_____ Age: _____ gender: __ M __ F
_____ Age: _____ gender: __ M __ F
_____ Age: _____ gender: __ M __ F

Parent/Guardian Name(s): _____

Address: _____

Cell Phone: _____

Phone: _____ Email: _____

Other Emergency Contact Name: _____

Emergency Contact Number: _____

Payment: \$50 per person \$ _____ total due

I would like to make a donation in the amount of \$ _____. (Optional)

Please select a payment method.

Check enclosed

Credit Card

I hereby authorize a non-refundable charge of \$50 per person (and tax-deductible donation if indicated above)

VISA MasterCard

_____ Expires (mo/yr): _____

Signature as it appears on card _____

OR Send a Check Payable to Camp St. Charles

CAMPERS NAMES: _____

Use the space below to note any medical/behavioral/emotional/dietary or other concerns regarding your child/children. (Be sure to note which child each notation refers to, additional sheets may be attached as appropriate) We will keep this information strictly confidential however, we must be aware of any concerns to provide appropriate care.

In the event of serious emotional or delinquent behavior exhibited by my child at Camp, I may be required by the Camp Director to remove my child from Camp without rebate of any tuition. I will comply with that request. **I also authorize the Camp** to have and use photographs, slides, moving pictures and videotapes of the person named on this application as may be needed for its records, publications or public relations program. **All my child's possessions** that are brought to camp will be checked by me prior to arrival at Camp and will follow the Camp St. Charles Packing List, which will be included in the confirmation package.

I will discuss any limitations on my child's activities with the camp director and my child prior to arrival at camp. *By signing this application,* I am indicating that I have read, understood, and will agree to the terms and conditions contained on the 2010 Bring a Friend Reunion Weekend Application, which I agree to retain for future reference.

Signature

Date

Printed Name of Parent or Guardian

CAMPERS NAMES: _____

MEDICAL INFORMATION PAGE

Will any of the children require medication while at camp? ___ Yes ___ no

Please explain what medication is needed, the schedule for taking the medication and which child requires the medication:

Camper medication must be stored in the infirmary building to be administered by the camp nurse, medication technician or first aider. Turn in any medications upon arrival at camp.

In the unlikely event of a medical emergency, every effort will be made to contact the parent/guardian of the child involved. However, Camp St. Charles must be able to seek treatment for your child in the unlikely case that a parent cannot be reached.

Permission to Seek Emergency Medical Treatment: (required for camp attendance)

The person herein named has permission to engage in all camp activities except as noted on this form and discussed with camp director.

I hereby give permission to Camp St. Charles to provide, seek and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability Act of 1996. I hereby agree to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (I) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (II) in the care of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian _____

Date _____ Printed Name _____

FREE FRIEND APPLICATION

***One child may attend for free with a paying participant with completed forms, if they have not been a camper at Camp St. Charles in the past and they will be 7-13 years old during the summer of 2010.

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Full Name of Participant: (if your child has a preferred nick name that they typical go by, please list the full legal name and then the nick name in parenthesis)

_____ Age: _____ gender: __M__ F

Name of paying participant who invited your child to attend: _____

Parent/Guardian Name(s): _____

Address: _____

Cell Phone: _____

Phone: _____ Email: _____

Other Emergency Contact Name: _____

Emergency Contact Number: _____

FREE FRIEND'S NAME: _____

Use the space below to note any medical/behavioral/emotional/dietary or other concerns regarding your child/children. (Additional sheets may be attached as appropriate) We will keep this information strictly confidential however, we must be aware of any concerns to provide appropriate care.

In the event of serious emotional or delinquent behavior exhibited by my child at Camp, I may be required by the Camp Director to remove my child from Camp without rebate of any tuition. I will comply with that request. **I also authorize the Camp** to have and use photographs, slides, moving pictures and videotapes of the person named on this application as may be needed for its records, publications or public relations program. **All my child's possessions** that are brought to camp will be checked by me prior to arrival at Camp and will follow the Camp St. Charles Packing List, which will be included in the confirmation package.

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Signature

Date

Printed Name of Parent or Guardian

FREE FRIEND'S NAME: _____

MEDICAL INFORMATION PAGE

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In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian _____

Date _____ Printed Name _____

please submit the free friend pages with the paying camper's forms!