



2024 Camper Registration Form

ONE form per person. If registering multiple campers, make as many copies as needed.

<input type="checkbox"/> First Time Camper <input type="checkbox"/> Returning Camper	Camper Name <i>Last</i> <i>First</i>	Grade (as of Jan. 2024)	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Mailing Address		City State Zip	Home Church	
Birthdate	Age (on arrival at camp)	Camper Email (if applicable)	T-Shirt Size (please circle) Youth S M L Adult S M L XL XXL XXXL	
Where did you learn about our camps?	This Camper lives with (if minor) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		<input type="checkbox"/> May we share contact information with other parents? <input type="checkbox"/> May we use email to send information to you?	
Name of Custodial Parent(s)/Guardian(s) (if minor)				
Primary Phone Number cell or landline (please circle)		Email		
Camp Information will be sent to the Guardian email listed above, unless otherwise noted	<input type="checkbox"/> Send Camp Info to this email: _____ <input type="checkbox"/> Send Camp Info by Mail	"I would like to be in the same cabin as my friend: _____ **Camp may not be able to honor multiple requests**		
Session Name	Dean's Name	Session Dates	Session Number F _____	
Cost of Session \$	Family Contribution Amount \$	Local Church or Organization <i>Name & City (if applicable)</i>	Local Scholarship Contribution Amount (if applicable) \$	Other contribution, Who?

Camp Fontanelle ~ 9677 County Road 3 ~ Fontanelle, NE 68044 ~ 402.478.4296 ~ fontanelle@greatplainsumc.org ~ www.CampFontanelle.com

Registration Information

Registration Check List

- Please register each person attending camp individually (Example: If an adult is attending a session along with a child, each individual needs to complete a registration, health form, and any other applicable release forms.)
- Choose the Camp and Session that is appropriate for your camper and family. Families are strongly encouraged to select a week when campers can attend the entire session without interruption.
- As you select a camp session, the grade listed is the grade your camper is currently enrolled in as of January of this year.
- Please call or email us if you have questions about camp sessions or registration.

Online Registration

- Go to www.GreatPlainsUMC.org/Camps, to see all the camps in our conference. Go to www.CampFontanelle.com, click on the Summer Camp tab to find registration info and links.
- A deposit of at least 1/3 of the cost of camp is required for online registration. Please ensure that all pertinent payment details are listed, including price selection, and/or local church support.
- You will receive a confirmation email after your registration is complete.
- Camper letters, including session-specific information, a packing list and any additional information will be available online.

Registration By Mail

- Please make as many copies as you need of the registration form for each individual. Forms may also be obtained from www.CampFontanelle.com under the Summer Camp tab.
- A deposit of \$50.00 is required for online registration. Please ensure that all pertinent payment details are listed, including price selection, and/or local church support.
- Confirmation Emails will be sent after your registration is processed.
- Camper letters, including session-specific information, a packing list and release forms will be available online.

Send Registration Forms To:

Camp Fontanelle
 9677 County Road 3
 Fontanelle, NE 68044
Fontanelle@GreatPlainsUMC.org

Payment Information

Pricing

As a non-profit ministry of the Great Plains Annual Conference, we need to cover the cost of running high quality, spiritually enriching programs. The true cost of a week-long camp can reach \$450 or more, depending on the programs offered that week. Camp Fontanelle and the other Great Plains United Methodist Camps understand the financial stress some of our families are facing and are committed to making our programs available to all families. **NO CHILD WILL BE TURNED AWAY!** If your family does face challenges, please contact your local church, as well as your Camp, to discuss financial options.

Family Contribution (\$ Amount)

Families are expected to pay a deposit of \$50.00 at the time of registration. The deposit will hold a spot for the camper until the full fee is received.

Local Church Or Organization

We encourage your local church to help you pay for camp! Please contact your pastor to ask about support from your local church or another local organization. On your registration form, please list the name of the organization providing financial support, how much of the cost of camp they are providing and if the camp needs to send them an invoice.

Cancellation Policy

If you cancel seven days prior to a session, you will be issued a refund minus your 1/3 registration deposit when we receive your written request. With less than 7 days notice, no refund will be issued. If you cancel due to illness or family emergency, the 7-day notice is not required. You will receive a full refund after we receive a written request.

Special Offers

Bring a First Time Friend Special: Returning campers can attend for 25% off if they bring a new first time camper with them. The first time Camp Fontanelle summer camper can also attend at 25% off.

Hope & Promise Special: Every Great Plains UM Pastor and each Great Plains UM Women group can send a first time camper at 50% off. If you are a first time camper, contact your local United Methodist Church, United Methodist Women Group, or Camp Fontanelle to inquire.

Sibling Saver Discount: If there are multiple family members attending camp, or one person attends multiple camps, Pay: 1st camp 100%, 2nd camp %75, any additional camps @50% (must be 5-day camps)

****special offers may not be combined***

ONE form per person. If registering multiple campers, make as many copies as needed.

Camper Name	Last	First	Birthdate	Primary Phone Number	Session Name
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Primary Emergency Contact		Second Emergency Contact	
Name		Name	
Address		Address	
Preferred Phone(s)		Preferred Phone(s)	
Home:		Home:	
Cell:		Cell:	
Work:		Work:	
Relationship to Camper		Relationship to Camper	

RESTRICTIONS I have reviewed the program description and activities of the camp and feel the camper can participate without restrictions
 I have reviewed the program description and activities of the camp and feel the camper can participate with restrictions or adaptations.
(Please describe on reverse side. Feel free to attach additional information if needed)

ALLERGIES No Known Allergies Food Medicine Environment (insect stings, hay fever, etc) Other
Please describe on reverse side what the camper is allergic to and the reaction seen.

DIET, NUTRITION This camper eats a regular diet This camper eats a regular vegetarian diet
 This camper has special food needs. *(Please describe on reverse side & give Camp two weeks notice).*

This camper is covered by family medical/hospital insurance Yes No Policy Number _____
(Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.)

Insurance Company	Phone	Subscriber
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Camper's Primary Care Doctor	Phone	Camper's Dentist	Phone	Other Healthcare Provider (if applicable)	Phone
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HEALTH HISTORY Please check all that apply. Explain selected items on reverse side, noting the numbers on the form
The camp may contact you for additional information if necessary. **Has/does the camper:**

1. Had Surgery	12. Problems falling asleep/sleepwalking	Have you traveled outside the country in the past 9 months? If so please list places below.
2. Recurrent/chronic illnesses	13. Back/joint problems	
3. Recent infectious disease	14. History of bed wetting	Significant life event that continues to affect the campers life? (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others. Explain below
4. Recent Injury	15. Problems with diarrhea/constipation	
5. Asthma/wheezing/shortness of breath	16. Skin problems	
6. Diabetes Seizures	17. Treated or Counseled for Emotional or Behavior problems	
7. Headaches	18. Difficulties Treated for eating disorder	
8. Wear glasses, contacts, eye-wear	19. Treated for ADD or ADHD	
9. Fainting or Dizziness	20. Other	
10. Passed Out/chest pains during exercise	Other:	
11. Mononucleosis in the past 12 months		

IMMUNIZATION HISTORY Please check current immunizations. *Italicized immunizations must be current:*

<input type="checkbox"/> <i>Diphtheria, tetanus, pertussis (DTaP) or Tdap</i>	<input type="checkbox"/> <i>Mumps, measles, rubella (MMR)</i>	<input type="checkbox"/> <i>Polio (IPV)</i>	<input type="checkbox"/> Haemophilus influenzae type B (HIB)
<input type="checkbox"/> Pneumococcal (PCV)	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Varicella (OR date of chicken pox _____)
			<input type="checkbox"/> Meningococcal meningitis (MCV4)

Date of last tetanus booster (dT) or (Tdap): _____

If your camper has not completed these immunization requirements, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian _____ Date _____ Relationship to Camper _____

Camper Name Last	First	Birthdate	Primary Phone Number	Session Name
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MEDICATION "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications (including over-the-counter medications) need to be in the original containers and must be turned in upon arrival at camp (with the exception of inhalers) and accompanied by written instructions for the medical staff person. Please discuss needed medications or special health concerns with the medical staff person at check-in.

This camper will not take any daily medications while attending camp **This camper will take medication(s) while at camp. (Please List)**

Name of Medication	Date Started	Reason For Taking It	When It Is Given	Amount or Dosage Given	How It Is Given

I give permission for over-the-counter medications to be administered to my child if the health care staff deems necessary.

I understand that medications will be administered per instructions in the camp's healthcare handbook, which is approved by a physician, that dosages will be administered according to the directions on the bottle unless a physician directs otherwise, and that the health history form will be reviewed for allergies and parental recommendations prior to administration of over-the-counter medications. **(Please list below any over-the-counter medications that you DO NOT want administered to your child.)**



Signature of Custodial Parent/Guardian _____ **Date** _____ **Relationship to Camper** _____

We need to know who will be picking up your camper on the last day of camp. If this information changes prior to or during your child's stay at camp, please call us to provide updated information. **Name of Person Picking Up Camper at Check-Out:**

What Have We Forgotten to Ask? To help make your child's visit to camp successful, it is vital that we are aware of any unique needs or special concerns they may have. Please provide description of restrictions, allergies, diet, nutrition, information about the camper's health, special learning considerations, family circumstances, relevant experiences, or anything that will help us better prepare for your child's upcoming camp visit. **Please attach additional information if needed.**

IMPORTANT—THIS BOX MUST BE READ AND SIGNED FOR ATTENDANCE

Each United Methodist Camp and Retreat Center ("Camp") in the Great Plains Annual Conference of the United Methodist Church ("Conference") offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging, transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors, such as hiking, boating, swimming, campfires, fishing, low and high rope courses, horseback riding, archery, tree climbing, and other opportunities. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities. Additional releases for special activities may be required. I understand that reasonable measures will be taken to safeguard the health and safety of all participants. I understand that some camp activities have inherent risks of serious injury or death. The person described has permission to participate in all camp activities except as noted on this form and accompanying information. I understand that participation in camp activities and receipt of camp services is voluntary, that I/my child may decline to participate in any activity, and that I/my child has the obligation to notify a camp official of anything I/they feel to be unsafe and, if necessary, to immediately leave the area or stop participating in the event which I/they feel may be unsafe. I will assure that I/my child is properly prepared and able to participate, willing to abide by camp policies, and follow directions of camp personnel. I understand that I/my child may be transported in a licensed, insured Conference vehicle or a licensed, insured private vehicle.

This health history is correct and accurately reflects the health status of the camper to whom it pertains. I understand I will be notified as soon as possible in case of any emergency or illness affecting my child. I understand that I/my child may be transported in a licensed, insured Conference vehicle or a licensed, insured private vehicle. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I authorize listed emergency contacts and/or camp staff to act on my behalf. Furthermore, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I accept responsibility for the costs of such treatment. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I understand that my child can be dismissed from camp for reasons including, but not limited to: contagious illness, chronically disruptive behaviors, illegal activity, breaking of camp rules, or destruction of property. If my child is dismissed from camp, I understand it is my responsibility to arrange and pay for transportation for my child to return home, and that no refunds will be issued for campers going home early for disciplinary action or because they are missing home.

Unless I have checked the box below, I give Great Plains UM Camps permission to take and use photographs or other media representations of myself or my child in promotional material, including websites, brochures, videos, and other means. I understand that my child will not be named in this material.

I DO NOT want Nebraska UM Camps to use any images of my child for promotional materials. (Please initial and send current photo to be used later to identify camper)



I have read and understand the authorization section and will abide by judgments made by Great Plains UM Camp staff.
Signature of Custodial Parent/Guardian _____ **Date** _____ **Relationship to Camper** _____



With my parents/guardian, I have completed the above information and will assume responsibility for taking my medication as administered by camp staff and for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety, behavior, and well-being while at camp.

Signature of Camper _____ **Date** _____