



Summer Camp Registration Form 2025

9677 County Rd 3, Fontanelle, NE 68044
402-478-4296

CAMPER INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Age: ____ Current Grade Level: ____

Gender Male Female

Home Address _____

City _____ Zip Code _____

Home Church: _____ T-Shirt Size: YS YM YL AS AM AL XL 2XL 3XL

First Time Camper How did you learn about Camp Fontanelle? _____

Returning Camper How many years have you attended? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name _____

Home Phone _____ Work/Cell Phone _____

Relationship to Camper _____ Alternate Phone _____

Parent/Guardian 2 Name _____

Home Phone _____ Work/Cell Phone _____

Relationship to Student _____ Alternate Phone _____

Camper resides with: Both Parents Mother Father Other: _____

Parent/Guardian 1 will be the primary contact for camp information unless otherwise indicated here: _____

Please indicate if we may text you information:

CAMP SESSION INFORMATION

First Choice Camp Session _____ Dates of Session: _____

Second Choice Session _____ Dates of Session: _____

Bunkmate Request*: _____

*The requested camper must also indicate this camper's name in their request. Limited to one request per camper. Must be within a 2 year age range.

Do you have a local church paying any portion of your camper's fees? Yes No*

If yes, please indicate which church and the portion they will cover:

A deposit of \$50 is required to secure each registration. Please make checks payable to Camp Fontanelle. If your local church covers 100% of camper fees that deposit is waived.

*If you need financial assistance but do not have a local church with funds available, you can apply for scholarship funds directly from Camp Fontanelle. To request a scholarship form please contact the camp registrar at asiver@greatplainsumc.org or call the office 402-478-4296. We NEVER want finances to be the reason a child does not attend camp.

Helpful Information for Registering

FREQUENTLY ASKED QUESTIONS

- 1. What's the easiest way to register a child for camp?** Taking advantage of our online registration system is the best option for registration. It will give up-to-date availability of each session and will reserve your camper's spot faster than via the mail. Visit campfontanelle.campbrainregistration.com
- 2. How do I know which session of camp my child should attend?** As you select a camp session, the grade listed is the grade your camper is currently enrolled in as of **January of this year**. Then, from the available age appropriate options, choose the session that best fits the interests of your camper and your summer schedule. We strongly encourage you to select a week that they can attend the entire session without interruption, but accommodations can be made if necessary.
- 3. How do I register more than one person?** Please register each person attending camp individually. This applies particularly to our Adult/Child programs like Oaks and Acorns, and Sonshine. Each participant must register separately. This also applies to families sending multiple children. Each child must be registered separately.
- 4. What if I don't have the money to pay for camp?** We NEVER want finances to be the reason a child is unable to attend camp. We suggest first reaching out to your local church to see if they have funds designated for helping kids attend camp. If they do not, you can apply for scholarship money directly from Camp Fontanelle. Reach out to camp via email asiver@greatplainsumc.org or call 402-478-4296 to request a scholarship form.
- 5. What if I need to cancel?** If you cancel seven days prior to a session, you will be issued a refund minus your \$50 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.
- 6. What if I still have questions?** Questions on registration can be directed to our Camp Registrar, Amanda Siver, via email asiver@greatplainsumc.org or by calling 402-478-4296 ext. 1.

AVAILABLE DISCOUNTS

Early Bird Discount: Available for those who register prior to April 1st. Use code EARLYBIRD for \$25 off each registration. This discount can be used for both Adult/Child and Residential camps.

Bring a First Time Friend: Returning campers can attend for 25% off if they bring a new first time camper with them. An extra form is required for this discount. Staff will verify requirements have been met before applying the discount. Contact asiver@greatplainsumc.org to request.

Hope & Promise: Every Great Plains UM Pastor and each Great Plains UM Women's 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's Group, or Camp Fontanelle to inquire.

Sibling Saver Discount: If there are multiple children attending residential camp, or one person attends multiple camps, the first registration MUST be paid at FULL price. The second and following registrations can receive a 25% off discount using code SIBLING2.



Summer Camp Medical Form 2025

CAMPER INFORMATION

Last Name _____ First Name _____ D.O.B. ____ / ____ / ____

Session Name: _____ Primary Phone: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact: _____

Secondary Emergency Contact: _____

Home Phone _____

Home Phone _____

Work/Cell Phone _____

Work/Cell Phone _____

Address: _____

Address: _____

Relationship to Camper _____

Relationship to Camper _____

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No If Yes, please provide the following:

Insurance Company _____ Phone _____

Policy Number _____

Subscriber _____

Camper's Primary Care Doctor _____ Phone _____

Camper's Dentist _____ Phone _____

Other Healthcare Provider (If applicable) _____ Phone _____

RESTRICTIONS (ACTIVITY/DIETARY)

RESTRICTIONS:

I have reviewed the program descriptions 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 the following restrictions or adaptations. (Please specify below)

ALLERGIES: No Known Allergies Food Medicine Environmental Other

(If you marked anything other than "No Known Allergies" please be share below the allergen, type of reaction, and treatment.)

Special Dietary Needs: Camper eats a regular diet Camper eats a vegetarian diet Other:

If you marked "Other" please share specifics in the space below at least 2 weeks in advance of camp.

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IMMUNIZATION INFORMATION

Check the appropriate box below and provide parent/guardian signature.

Relationship to Camper

My child is up-to-date on all required vaccinations. _____

My child is **NOT** up-to-date on all required vaccinations. I accept the risk to my child from not being fully immunized.

Parent/Guardian Signature _____

Relationship to Camper _____

Please provide the date of the child's last tetanus booster (dT) or (Tdap): _____

Summer Camp Medical Form (cont.)

Last Name _____ First Name _____ D.O.B. ____ / ____ / ____

Session Name: _____ Primary Phone: _____

CAMPER HEALTH HISTORY

Please check all that apply. For any checked boxes please share specifics in the space provided, noting the number of the checked box in the explanation.

Has/does the camper:

- | | |
|---|--|
| <input type="checkbox"/> 1. Had Surgery | <input type="checkbox"/> 11. Mononucleosis in the past 12 months |
| <input type="checkbox"/> 2. Recurrent/chronic illnesses | <input type="checkbox"/> 12. Problems falling asleep/sleepwalking |
| <input type="checkbox"/> 3. Recent infectious disease | <input type="checkbox"/> 13. Back/joint problems |
| <input type="checkbox"/> 4. Recent Injury | <input type="checkbox"/> 14. History of bed wetting |
| <input type="checkbox"/> 5. Asthma/wheezing/shortness of breath | <input type="checkbox"/> 15. Problems with diarrhea/constipation |
| <input type="checkbox"/> 6. Diabetes Seizures | <input type="checkbox"/> 16. Skin problems |
| <input type="checkbox"/> 7. Headaches | <input type="checkbox"/> 17. Treated or Counseled for Emotional or Behavior problems |
| <input type="checkbox"/> 8. Wear glasses, contacts, eye-wear | <input type="checkbox"/> 18. Difficulties Treated for eating disorder |
| <input type="checkbox"/> 9. Fainting or Dizziness | <input type="checkbox"/> 19. Treated for ADD or ADHD |
| <input type="checkbox"/> 10. Passed Out/chest pains during exercise | <input type="checkbox"/> 20. Other: |

Please use this space to explain any boxes that were checked above.

Have you traveled outside the country in the past 9 months? If so, please list places below.

Please share any significant life event that continues to affect the campers life. (i,e, history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

MEDICATION INFORMATION AND RELEASE

Medication: Medication is any substance a person takes to maintain and/or improve health. This includes vitamins and natural remedies. All medications (including over the counter medications) need to be in the original container and MUST be turned in to the health coordinator during check-in. There are exceptions for inhalers and epi-pens. Please indicate below any medications your child will be taking at camp along with the requested information for each medication.

My child will NOT be taking any daily medications while at camp.

Name of Medication	Date Started	Reason for taking	When is it given	Amount or Dosage Given	How is it Given

I give permission for over-the-counter medications to be administered to my child if the health coordinator deems it 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 health history forms will be reviewed for allergies and parental recommendations prior to administration of over-the-counter medications. (Please list below and over-the-counter medications you DO NOT want administered to your child.)

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



Summer Camp Release Form 2025

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402-478-4296

CAMPER INFORMATION

Full Name _____
Program Attending: _____

PROGRAM RELEASE

I do hereby assume full responsibilities for any and all damages, injuries (including death) or losses that may be sustained or incurred, if any, while attending, practicing, participating or witnessing in any activity, program, sport or physical activity occurring in or about Camp Fontanelle premises, or at any offsite location. I hereby assume full risk, waive all claims and release and hold Great Plains United Methodist Camps Inc, DBA Camp Fontanelle & Great Plains Annual Conference of the United Methodist Church, it's instructors, or partners of said program or event, individually or otherwise, harmless for any and all claims for injuries or damages.

In consideration of mine or my child's participation in and the use of Camp Fontanelle's facilities, I hereby release and covenant not to sue the institution, its owners, shareholders, directors, officers, employees, representatives, agents, volunteers and lessees from any and all claims resulting from any physical injury that may occur to myself (camper) while participating in any program or event sponsored by Great Plains United Methodist Camps, inc. DBA Camp Fontanelle.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Parent/Guardian Name: _____
Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE

I am fully aware and understand that Camp Fontanelle does not have on or about the premises, an employ or contract with any medical services, provisions for ordinary and/or emergency medical services.

Parent/Guardian Name: _____
Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE

Please indicate below whether Camp Fontanelle is able to use photos and videos of your child for promotional purposes and in social media posts. Yes No
Parent/Guardian Signature: _____ Date: _____



Summer Camp Scholarship Form 2025

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402-478-4296

CAMPER INFORMATION

Full Name _____
Program Attending: _____ Cost: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name _____
Email address: _____ Phone: _____

Description for basis of need:

Amount of Scholarship Requested: Full Partial
If you selected partial please indicate the amount for the family contribution: _____

SCHOLARSHIP INFORMATION

Complete this form to request scholarship funds directly from Camp Fontanelle. (If you have a local church that helps with camper fees, please contact the church to apply for those funds.)

Please fill out one form per camper.

Once completed this form should be returned to camp. You can scan and send via email to asiver@greatplainsumc.org or mail to Camp Fontanelle 9677, County Rd 3, Nickerson, NE 68044.

Once received a staff member will review the information provided and then contact you with the amount of scholarship that has been granted.

If you have any questions, please reach out to Amanda Siver, Camp Registrar, asiver@greatplainsumc.org or call the office 402-478-4296 ext. 1.