

# Quaker Knoll Camp Registration, 2018

## Day Camp: June 4<sup>th</sup>-8<sup>th</sup>

Age range: 4 years old to entering 2<sup>nd</sup> grade  
Drop Off Time: 9:00 a.m. on Monday,  
10:00 a.m. on Tuesday – Friday  
Pick Up Time: 5:00 p.m. Daily  
Cost: \$70 before May 1<sup>st</sup>  
\$80 before May 13<sup>th</sup>  
\$95 after May 13<sup>th</sup>

## Beginner Camp: June 6<sup>th</sup>-8<sup>th</sup>

Age Range: Entering 3<sup>rd</sup> and 4<sup>th</sup> grades  
Drop Off Time: 9 a.m. on June 6<sup>th</sup>  
Pick Up Time: 5p.m. on June 8<sup>th</sup>  
Cost: \$70 before May 1<sup>st</sup>,  
\$80 before May 13<sup>th</sup>  
\$95 after May 13<sup>th</sup>  
*Add \$20 if your Beginner Camper  
also wishes to attend Day Camp.*

## Junior Camp: June 11<sup>th</sup>-15<sup>th</sup>

Age Range: entering 5<sup>th</sup> and 6<sup>th</sup> grades  
Drop Off Time: 2:00 p.m. on June 11<sup>th</sup>  
Pick Up Time: 10 a.m. on June 15<sup>th</sup>  
Cost: \$135 before May 1<sup>st</sup>  
\$160 before May 13<sup>th</sup>  
\$175 after May 13<sup>th</sup>

## Junior High Camp: June 11<sup>th</sup>-15<sup>th</sup>

Age Range: entering 7<sup>th</sup> and 8<sup>th</sup> grades  
Drop Off Time: 2:00 p.m. on June 11<sup>th</sup>  
Pick Up Time: 10 a.m. on June 15<sup>th</sup>  
Cost: \$135 before May 1<sup>st</sup>  
\$160 before May 13<sup>th</sup>  
\$175 after May 13<sup>th</sup>

## Senior High Camp: June 18<sup>th</sup> – 22<sup>nd</sup>

Age Range: Entering  
9<sup>th</sup> grade through college  
Drop Off Time: 2:00 p.m. on June 18<sup>th</sup>  
Pick Up Time: 10:00 a.m. on June 22<sup>nd</sup>  
Cost: \$155 before May 1<sup>st</sup>  
\$180 before May 13<sup>th</sup>  
\$195 after May 13<sup>th</sup>

Bring: Bible, notebook, sleeping bag or bed roll, pillow, clothes for hot days, cool nights, outdoor activities (hiking, campfire), extra shoes to keep feet dry, swimsuit (no two piece). Directors may contact campers concerning specific items.

**Register at your local meeting on or before May 13<sup>th</sup> to, or send form and fees to:**

Wilmington Yearly Meeting, 1870 Quaker Way, Pyle Center Box 1194, Wilmington, OH 45177

Campers Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Camp Attending \_\_\_\_\_ Grade (2017-2018) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Home Meeting/Church \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size Youth S M L Adult S M L XL

Special diet needs \_\_\_\_\_

**Note: all camp registration must be received by May 13<sup>th</sup> to take advantage of the early registration discount. Cancellations receive a full refund if the Yearly Meeting Office is notified one week in advance of camp. Otherwise, the registration fee will be kept. All camp fees must be paid in full by check in time. We encourage families and Monthly Meetings to pay fees at least one week prior to camp. The camp picture and t-shirt are included in the cost of registration. Quaker Knoll is seven miles southwest of Wilmington, OH, off State Route 730 by Cowan Lake. The address is 675 Sprague Rd, Wilmington, OH 45177. Emergency calls may be placed to the camp at (937) 382-5241 or to the Yearly Meeting Office at (937) 382-2491.**

## Quaker Knoll Camping Program Code of Conduct, 2018

- \*Everyone is expected to follow the guidelines. Failure to do so will result in disciplinary action.
- \*If you need to be gone at any time during the event, to work or for other obligations, you need to arrange your schedule in advance with the director. You must sign out and sign in when leaving and returning.
- \*You will respect all other participants and their property, as well as the property of the Quaker Knoll facility.
- \*At lights out, you will be in your own room/cabin.
- \*Your attendance is expected at all sessions during camp unless exempted by the director.
- \*You are expected to clean up your own room/cabin and leave furniture arranged as found.
- \*If you are taking prescription drugs of any kind, you must report this to the director. When a nurse is present, all medicines are to be given to the nurse.
- \*It is not acceptable during camp to perform bodily alterations such as piercing, tattooing, hair coloring/cutting, or any other major variations.
- \*Do not bring personal food, gum, or drinks.
- \*Use of electronic items such as cell phones and ipods will be permitted at the discretion of the director. Please contact the director of your camp if you have any questions.
- \*Footwear is required on the campgrounds.
- \*You must report any illness or injury to the director of your camp.
- \*Any public use of media should reflect Christian values.

*Absolutes for which the disciplinary action will be sending you home:*

- \*You may not possess any tobacco products, any alcohol, any non-prescription drug, any weapons such as knives or firearms, or any fireworks.
- \*Sleeping areas are off limits to members of the opposite sex.

*I have read the above code of conduct and agree to follow it while at Quaker Knoll Camp.*

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signed Name of Participant and Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signed Name of Parent/Guardian and Date

\_\_\_\_\_  
Parent or Guardian's Emergency Contact Information (home, work, and cell phone numbers)

*I hereby give permission for (name of camper) \_\_\_\_\_  
to participate in the swimming program and to be transported from camp.*

*I hereby give permission for photographs, video, articles, statements, names, music, or art by my child or myself  
to be used in promoting any WYM activity or related activity.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Quaker Knoll Camping Program Medical Form, 2018

For children under the age of 18 – required for their participation in any program

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Medications \_\_\_\_\_

Relevant Medical History \_\_\_\_\_

Food or Drug Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Insurance Co \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Policyholder's DOB \_\_\_\_\_

Policy # \_\_\_\_\_ If an HMO, Phone # \_\_\_\_\_

**Please include a copy of the current medical card.**

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

## Medical Release Form

I give the staff and its volunteers permission to obtain emergency help for me or my child named on this form. I hereby release Wilmington Yearly Meeting, its staff, and volunteers from liability for any injury or illness that I or my child may sustain during the activities planned. I will be responsible for costs incurred for any medical treatment. In the event that I or my child need(s) special medications and cannot administer, I give my permissions for an adult staff member or volunteer to administer the medications.

In case of emergency, I authorize the Director to consent to any emergency X-ray exam, medical, surgical, or dental diagnosis or treatment recommended by qualified medical personnel on my behalf for my child during the event. I agree not to hold Wilmington Yearly Meeting and its boards responsible for accidents. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

## Emergency Contacts

Name and Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name and Relationship \_\_\_\_\_ Phone \_\_\_\_\_

# Quaker Knoll Camping Program 2018

## Permission to Treat

I, (parent name) \_\_\_\_\_, hereby give permission for Quaker Knoll Camp to administer the following over the counter medication if the nurse deems it necessary to my child, \_\_\_\_\_. Dosages will be administered according to the directions on the bottle.

Headache: Tylenol

Upset stomach: Pepto Bismol

Diarrhea: Imodium A.D

Menstrual Cramps: Ibuprofen

Poison Ivy: Calamine Lotion or CortAid

If you do not give permission for any of the above treatment, please mark through and indicate what treatment is preferred. Please send the preferred medication with your camper. Be sure that the camper's name is on the medication. Unused medication will be returned at the end of camp.

I hereby give permission to the camp nurse to dispense medication from home and provide first aid including medication as indicated above.

Transport persons to the next level of medical care if required and provide emergency treatment when parent or guardian cannot be reached, to authorize x-rays, routine test and treatment, to release any records necessary for insurance purposes.

I hereby give permission to the physician to administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips off campus.

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Signature of Parent or Guardian

Date

### Medications

Name of drug \_\_\_\_\_

How Taken \_\_\_\_\_

Name of drug \_\_\_\_\_

How Taken \_\_\_\_\_