

P.E.A.C.E Ministries
Summer Camp 2017 Registration Form
 Innabah Camp and Retreat Center
 712 Pughtown Road, Spring City, PA 19475
 610-469-6111 fax 610-469-0330 www.innabah.org

EVENT NUMBER	EVENT NAME	DATES

CAMPER INFORMATION: please PRINT and use a separate form for each camper

Camper's last name _____ First name _____ Likes to be called _____
 Street Address _____ City _____
 State ____ Zip _____ Home telephone () _____ Parent Email _____
 Birthday ____/____/____ Male ____ Female ____ Grade completed by June 2017 _____ T-shirt size _____
 Church Name and Town _____
 Name of Father/Guardian (circle) _____ Home tel. () _____ Work tel. () _____ ext. _____
 Name of Mother/Guardian (circle) _____ Home tel. () _____ Work tel. () _____ ext. _____

CAMPER PROFILE

Who do you live with? (example: Mom, brother, Grandparent) _____

Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? Yes No
2. Ever been treated for emotional/behavioral difficulties, self-harm or an eating disorder? Yes No
3. Ever have need for an aide at school? Yes No
4. Speak a primary language other than English? Yes No

Explain "Yes" answers in the space below, noting the number of each question requiring a response. Attach additional pages or contact the camp to provide additional information if needed.

Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think important or that may affect the camper's ability to participate successfully in the camp program (shyness, fears, etc.). List any strategies used to manage the concern or enhance the camper's ability.

Are there any visitation restrictions of which the camp must be aware? Yes ___ No ___ If Yes, please specify:

 If such a restriction exists, a copy of the current court order must be on file at camp. Every camper, regardless of family issues or disputes, must be safeguarded when in our care. Without legal documentation, we cannot enforce any instructions with regard to parental custody/visitation.

SIGNATURES

- I give my permission for the above named camper to attend the above listed summer camp event with the Eastern PA Conference-UMC/Innabah Camp and Retreat Center. I understand that part of the camping experience involves activities, arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules.
- Upon signing, permission has been granted to Innabah Camp and Retreat Center to use photos and video images of the camper for publicity purposes. This could include, but is not limited to brochures, flyers, DVDs, newspapers, publications of Am. Camping Assoc., CCCA and UM Church, and use on the camp website and social media pages. If you do not agree to this, you must make your request known in writing at the time of registration.

Signature of Parent or Guardian _____ Date _____
 (Only parents or legal guardians of camper may sign)

2016-2017 Scholarship Guidelines – Innabah Camp and Retreat Center

1. If your household meets this criteria continue. If not check here

HOUSEHOLD SIZE	ANNUAL EARNING	MONTHLY EARNINGS	WEEKLY EARNINGS
1	\$21,978	\$1,832	\$423
2	\$29,537	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455

For each additional household member add: \$7,696 per year, \$642 per month, \$148 per week.

2. Is this a FOSTER CHILD? If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____. Go to section #5.

3. OTHER BENEFITS: Are you getting FOOD STAMPS or TANF? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: _____ TANF case number: _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

5. SIGNATURE

I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct, or that all income is reported.

Signature of Adult: _____ Printed Name: _____

PLEASE REPORT ALL INCOME LISTED BELOW

Earnings from work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned Business, day care business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's payments
- Social Security

Other Monthly Income/Self-employment

- Disability benefits
- Cash withdrawn from savings
- Interest/dividends
- Income from estates/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Military allowance for off-base housing
- Any other income

Welfare/Child Support/Alimony

- Public assistance payments
- Welfare payments
- Alimony/child support payments



Mid-Town Parish United Methodist Church

P.O. Box 3415, Phila., PA 19122

Physical Address: 700-18 West Norris Street

Rev. Eric W. Carr Jr, Pastor

Website: www.midtownparish.org Email: midtownparish@yahoo.com

Parent's Permission

_____ will be traveling in the church van and participating in the MID-TOWN PARISH UNITED METHODIST CHURCH trip to

_____ on _____.

I understand that the Program is under organized supervision and no imprudent risks will be taken; assured of this, I agree that in case of loss or injury, I will not hold the MID-TOWN PARISH UNITED METHODIST CHURCH or any person connected with the program liable.

If emergency medical attention should be required, I authorize the supervisor to procure it and agree to hold him/her and the physician blameless from any charge of malpractice.

Date

Print Parent/Guardian Name

Address

Phone

Email Address

Signature of Parent/Guardian

Camp Innabah

HEALTH HISTORY FORM – page 1

Completed form **MUST** be received **30 DAYS BEFORE** the first day of camp!

IDENTIFICATION

NAME: _____
Last First MI

Birth Date: _____ Age: _____ Gender: M _____ F _____

Height _____ Weight _____

Home Address: _____
Street Address

City _____ State _____ Zip _____

EMERGENCY CONTACTS

1st _____ Home: _____

Work: _____ Cell: _____

2nd _____ Home: _____

Work: _____ Cell: _____

3rd _____ Home: _____

Work: _____ Cell: _____

HEALTH PROVIDER INFORMATION

Physician: _____ PH: _____

Dentist: _____ PH: _____

INSURANCE INFORMATION

Covered by medical insurance? Yes _____ No _____

Carrier/Plan Name: _____ Policy/Group #: _____

Name of insured: _____

Relationship: _____

ALLERGIES

No known allergies

Allergic to: Food Environmental (hay fever, insects, etc.)

Medicine Other

Describe below the allergy, reaction seen and treatment given.

AUTHORIZATION

1. I certify that the information on this health history form is, to the best of my knowledge complete and accurate.
2. The person described herein, has permission to engage in all camp activities except as noted.
3. I hereby give permission to the camp to provide non-prescription, over-the-counter medications and treatments to myself/my child at the discretion of the Innabah Camp Nurse in accordance with the written treatment procedures. Treatment procedures are available to view at check-in.
4. I agree to the release of any records necessary for insurance purposes or medical treatment.
5. In the event of an emergency, I hereby give permission for the camp director or his designee to act in my behalf in securing medical treatment including hospitalization and for emergency transportation for myself/my child.



Signature of Adult Camper/
Staff Member/Parent/Guardian _____ Date _____

HEALTH HISTORY

Check Yes or No for each statement. Have you/your child ever had or now have any of the following?

- | | |
|-------------------------------------|--|
| 1. Hospitalization/surgery | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Heart murmur | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Joint or back problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Chest pain during/after exercise | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Diarrhea or constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Skin Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Abnormal menses or cramps | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Hearing impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Visual impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Recurrent or chronic illness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Recent injury/illness/infection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Blood disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Glasses/contacts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Bed-wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Special diet | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "Yes" answers in the space below, noting the number of each question requiring a response.

IMMUNIZATIONS

All up to date? Yes _____ No _____

Date of Last Tetanus shot **MUST** be listed here _____

Camp Innabah

HEALTH HISTORY FORM - page 2

Completed form MUST be received 30 DAYS BEFORE the first day of camp!

MEDICATIONS - Adult Camper/Staff/Volunteer

Please note that all medications must be checked by the camp health care supervisor upon arrival.

For these purposes "Medication" is broadly defined to include prescription and non-prescription medications, home remedies, vitamins, inhalers, drops and medicated creams. Limited types of common over the counter medications are available from the nurse.

Adult camper, staff and volunteers may take responsibility for their own medication, however you must complete a medication form listing all medications you have with you at camp and present it, along with the medications listed, to the nurse upon arrival.

All medications must be properly safeguarded so that no camper has access to them. We ask your full cooperation in this matter so that every camper's health and well-being can be properly safeguarded.

MEDICATIONS - Campers

Please note that all medications must be checked by the camp health care supervisor upon arrival.

For these purposes "Medication" is broadly defined to include prescription and non-prescription medications, home remedies, vitamins, inhalers, drops and medicated creams. Limited types of common over the counter medications are available from the nurse.

Please complete the "Authorization for Medication Administration" form for all medications being brought to camp. See the "Medications Tips for Campers" on the back of the medication form for complete instructions.

Note: ALL medications received MUST be in original pharmacy bottle/packaging accompanied by a doctor's note indicating current dosage if different than what is printed.

ADDITIONAL INFORMATION

Please use this area to indicate any limitations or restrictions and any additional information for camp health care staff:

CAMP USE ONLY

Illnesses experienced in the last 30 days Yes No

If Yes, _____

Any recent updates to health history Yes No

If Yes, _____

Screened by _____

Date: _____

Head check: Positive Negative

Skin Lesions/Bruising: Positive Negative



EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH
Camp Innabah, 712 Pughtown Road, Spring City, PA 19475

AUTHORIZATION FOR MEDICATION ADMINISTRATION

You may copy this form if needed.

PLEASE NOTE: ALL Medications received MUST be in original pharmacy bottle/packaging accompanied by a doctor's note indicating current dosage if different than what is printed.

Camper's Full Name _____ Birthdate _____

If camper must receive medication during his/her scheduled summer camping session, please complete this form and bring it along with the prescribed medication to camp with the camper. All medications and forms will be checked at camp registration on the start day of your camper's event. **NO Medication will be accepted unless his/her name is on the original prescription.** Campers using over the counter medications daily must have this form signed and brought to camp with the medication.

Medication Name/ Dosage / Reason	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____

PARENT AUTHORIZATION

I, _____ give my consent to the Health Care
(Name of Parent/Guardian)
Staff to administer the above medication(s) to my child/camper _____
(Name of Camper)
during their time at Camp Innabah from _____ through _____
(Starting Date) (Closing Date)

(Signature of Parent/Guardian) _____ Date _____

THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY

- Permission form completed Safety type container Original prescription label Name of child is on label
 Date on label is current OTC, original container and current Name of drug, dose, & frequency of admin on label
 Inhaler and/or Epi-Pen w/ camper (either with individual or counselor)

(Health Care Staff Approval) _____

Ed. 1/15

Medication Tips for Campers

Dear Parents/Guardians:

We would like to ease the wait at the medication line at camp registration. We commonly take in 100-120 medications for 35-40 campers in an hour's time. We hope that you will be patient with us, as we need to get all of the information correct for the safety of our campers. We realize that all of this may seem confusing to some. If you are able to help us by following these guidelines, it will help shorten the process.

1. **An Authorization for Medication form is required for medication.** Our forms have space for 10 medications on a page, if more are needed please make copies.
2. The **signature** of the parent/guardian must be on the form, not just an agency name.
3. The **prescription label on the bottle and the permission form should have the same instructions.** If we are asked to administer medication in some way that is different from the label, please provide a note from the doctor with the correct instructions.
4. If it is possible to conform to our mealtime / bedtime schedule, use the designations below. If a special time is needed, please indicate that also.

Check:	If Given At:	Which is About:
B	Breakfast	8:00 a.m.
L	Lunch	12:00 noon
D	Dinner	5:30 p.m.
HS	Bedtime	8:30 p.m.

Please let us know if there are special circumstances, such as medications that need to be given on an empty stomach.

4. **Please send only the amount of medication that will be used at camp.**
5. **All medications must be in the original medication containers.** Do not prepare daily doses in a pill organizer as **these will NOT be accepted!** Labeled unit dose packages prepared by a pharmacy are acceptable.
6. **Place all medications in a Ziploc bag.** All medications should be placed in the same bag. Use a small or large bag based on the number of medications. Use a permanent marker or a strip of masking tape and write the camper's name on the bag.
7. **It is not necessary** to send over the counter medications unless the camper needs them on a regular basis.
8. If a camper commonly gets any dose of medication after 3:00 p.m. (registration time) and before 5:30 p.m. (dinner) on Sunday, please make arrangements to give the medication before leaving camp. The nurse will give her first round of medications at dinner on Sunday evening. Please let us know if this presents a problem.
9. The last doses of medication will be given on Friday evening at dinner. Family members and caregivers will pick up all medication bags when campers are checked out.

Most of all we appreciate your help and patience as we plan together to meet the medication needs of our campers. Thank you.

INNABAH CAMP AND RETREAT CENTER

SUMMER CAMP INFO

Full Week camps end at 7:00pm on Friday night.

Check-out will be at the respective places your camper stayed for their time here; you may go to those places no earlier than 7:00pm.

½ Week camps end at 7:00pm on Tuesday night or Friday night.

Check-out will be at the respective places your camper stayed for their time here; you may go to those places no earlier than 7:00pm.

PAYMENT AND FORMS ~ Payment in full is due **AT LEAST 30 DAYS** prior to your week of camp. The health form, medication form (if needed), pick-up/release form, and specific challenge camper info form (if applicable) are due **AT LEAST 30 DAYS** prior to your week of camp.

CHECK-IN PROCESS: Check-in will begin promptly at 3pm.

(Camp of Dreams Check-in is at 6:00pm on Monday Night.)

Stop at the Pre-Check-in table (located near the Welcome Pavilion) first to receive a popsicle stick with your number in line. Please patiently wait on the ping-pong porch or outside until that time. The Farmhouse Lounge and Dining Hall will NOT be open prior to 3pm. Feel free to walk around or visit the camp store. For half-week camps beginning on Wednesday, check-in will be at 3pm and will be held in the Farmhouse Lounge.

Step 1 ~ Take your child and all of their forms to the table labeled with your camper's name/event number (Please notice that some camps are split by last name). Here you will check-in your child with their Program Director and turn in your camper release form. Take your health form and medication form with you when you leave this table.

Step 2 ~ If you need to deposit money into your camper's store account, purchase a camp photo, or pay your bill, follow the signs to Payments.

Step 3 ~ Follow the signs to one of the following in the lounge: **Nurse Checks w/out Medication** or **Nurse Checks with Medication**. Take your health history, medication, and any physical forms to the nurse station that fits your needs.

Step 4 ~ **Take your camper and their luggage** to your camper's assigned area of camp for the week and introduce yourself to the counselors there. Say your goodbyes and we will see you on Friday!

PICK UP ~ **ALL Campers** are to be picked up at their camps location (Orchard Hill, Sky Hill, Bethany, Covenant, or the Dining Hall for Outpost Camps) Friday night or Tuesday night **at 7:00pm** – UNLESS a special time and place is given at registration. **Challenge camp pick up is at 7:00pm on Friday night as well.**

MAIL ~ When sending mail: Please try to make sure ALL mail is sent **NO LATER** than Wednesday and addressed as follows: **Camp Innabah, Camper's Name & Name of Camp Event** (Ex. Jane Smith Children's Hilltop #320), **712 Pughtown Rd., Spring City, PA, 19475**

E-MAIL ~ You can send an e-mail for FREE to a camper at campermail@innabah.org. **Please make sure you have the camper's name and event number in the subject line.** We are not able to download and print out pictures and attachments to e-mails.

DISTRACTIONS ~ **THANK YOU for NOT BRINGING:** Video Games, Cellular Phones, iPods, Snack Foods, Personal First Aid Kits, Knives, or any inappropriate items that will take away from a great camper experience. **(If any of these items are brought to camp they will be taken for safe keeping and returned to you at the end of your week).**

VISITORS or PHONE CALLS ~ These are discouraged as they disrupt the camping experience. In case of an emergency situation, call or stop at the camp office **FIRST** and ask for the Director. Thank you for your understanding in this matter!

COMMENTS & CONCERNS ~ If you have any joys, concerns, or questions about your child's stay here at Innabah, PLEASE do not hesitate to call or email me and I will be more than happy to speak with you: **Michael Hyde, Director ~ 610-469-6111 ~ director@innabah.org**

Thank you for your patience!

If you have any questions, please contact one of the Innabah Staff Members!

DIRECTIONS to INNABAH CAMP AND RETREAT CENTER

712 Pughtown Road, Spring City, PA 19475

Innabah is located in Chester County, East of Rt. 100 at Pughtown Rd, which is just South of Rt. 23

From the South

exit at the Downingtown interchange of the PA Turnpike (Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.

From the North

follow Route 100 South to Pughtown Rd. Turn Left onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.

From the East

exit at the Downingtown interchange of the PA Turnpike (Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.

From the West

exit at the Morgantown interchange of the PA Turnpike (Exit #298) and follow the signs for 23 East/10 South. Take 23 East – to 100 South (approx. 11 miles)

Turn Right on 100 South to Pughtown Rd (approx $\frac{3}{4}$ mile). Turn Left onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.



PACKING CHECKLIST FOR INNABAH CAMP AND RETREAT CENTER

1. FORMS (SUMMER CAMP ONLY) – ONLINE OR PAPER COPIES TO BE COMPLETED AT LEAST 30 DAYS BEFORE YOUR WEEK OF CAMP

- Health History Form
- Authorization for Medication Form (**ONLY if bringing any kind of medication to camp**)
- Pick-up/Release Form
- Specific Challenge Camper Information Form (**for Challenge Camps ONLY**)
- Payment in FULL

2. LINENS (GUEST GROUPS AND SUMMER CAMP)

- Sleeping bag and/or sheets/blankets
- Pillow
- Towel and washcloth (for showers)
- Towel (for swimming, if applicable)

3. CLOTHING AND FOOTWEAR (GUEST GROUPS AND SUMMER CAMP)

- Clothing for each day of camp (appropriate for a Christian camp) – t-shirt, shorts, underwear, socks, long-sleeved shirt (extra socks and underwear are always a good idea)
- Jacket and/or sweatshirt, Rain gear, Hat
- Shoes/sneakers (to be worn outside and will possibly get muddy), an EXTRA pair of shoes/sneakers to be worn on creek hikes, flip-flops/sandals (for the pool and showers only – not every day footwear)
- Bathing suit (appropriate for a Christian camp) – no bikini's

4. ESSENTIAL ITEMS (GUEST GROUPS AND SUMMER CAMP)

- Toothbrush, toothpaste, shampoo, soap, and any other necessary toiletries
- Bible, notebook, pen, pencil, envelopes/postcards (pre-stamped) (to send letters home)
- Sunscreen, non-aerosol insect repellent, sunglasses
- Flashlight (with extra batteries), Water Bottle
- Specialty Camps: Baseball Camp and Little Minnows/Big Bass – Glove, Bat, Cleats, Fishing Rod, Tackle Box

Thank you for NOT bringing: video games, iPods/music players, snacks, personal first aid kits, knives, or any inappropriate items that will take away from a great camper/guest experience. We recommend to NOT bring a phone with you to camp as it will take away from the camp experience. The staff, counselors, volunteers, and adult supervisors reserve the right to confiscate anything electronic or anything else that may prove to be a distraction during your time here. (If any of these items are brought to camp, they may be taken away for safe keeping, but returned at the end of the week/end of your stay).