



Phoebe Needles Center, Inc.

Residential Camp 2024 Registration & Medical Form



Child's First Name	Last Name

OFFICE USE ONLY		
Registration Fee:		
Camps Attending:		\$
Discounts Applied:		\$
Scholarship:		\$
Subtotal:		\$
Deposit Due:		\$
Remaining Balance:		\$
Payment Record:		

REGISTRATION PROCESS

- Your child's summer camp registration is **complete** when the following items have been received and processed by Phoebe Needles Center: **(1) Completed Registration/Medical Form; (2) Registration Fee; (3) Deposit Fee; (4) Scholarship Application Form** if requesting need-based financial assistance.
- The **non-refundable Registration Fee** is \$15 if paying by check/cash and \$16 if paying online via the phoebeneedles.org website. A Registration/Medical Form will not be processed until the corresponding Registration Fee is received.
- A \$50 **Deposit** is required for each week of camp for which your child is registering. The Deposit holds your child's spot in the selected camp. **Deposits are non-refundable.** The Deposit is included in the cost of camp. (Ex.: If you register for one week of camp at \$275 and pay the \$50 deposit, then the remaining amount due before camp would be \$225.)

PRICING, DISCOUNTS, & SCHOLARSHIPS

PRICING: Our price for 1 week of Residential Camp is \$275. **Our actual cost for providing 1 week of Residential Camp per child is \$1,200.** If you are financially able to pay any additional amount (up to \$1,200 per week), please consider doing so. This will allow us to provide financial assistance to families who need it most. As a 501(c)(3) non-profit, any amount you pay above the amount listed in the chart below, will be treated as a donation to Phoebe Needles and *is fully tax deductible*. If you are able to donate, please **write your donation amount here:** \$_____

DISCOUNTS: Phoebe Needles Center, Inc. offers the following discounts:

- Early Bird Discount**—Completely register by **May 1, 2024** to receive \$25 off your camp fees.
- Bring-A-New-Friend-To-Camp Discount**—Invite someone who has **never** been to ResCamp@Phoebe to attend, and once you and the friend complete registration, you'll each get \$15 off your camp fees. **Write the NEW Friend's name here:** _____
- Multi-Camp Discount**—The more weeks of camp your child attends, the greater the discount. See the pricing chart below:

SCHOLARSHIPS: Need-based scholarships are available. You can complete the **Scholarship Application Form** online at phoebeneedles.org, or you may request a paper copy (printable version available online at phoebeneedles.org).

# Weeks of Camp	Required Deposit	Regular Price with no Discounts	Price after Multi-Camp Discount CASH OR CHECK	Price after Multi-Camp Discount ONLINE PAYMENT
1 week of Res Camp	\$50	\$275	\$275	\$284
2 weeks of Res Camp	\$100	\$550	\$528	\$544
3 Weeks of Res Camp	\$150	\$825	\$775	\$799
4 Weeks of Res Camp	\$200	\$1,100	\$1,012	\$1,043
5 Weeks of Res Camp	\$250	\$1,375	\$1,237	\$1,274
6 Weeks of Res Camp	\$300	\$1,650	\$1,452	\$1,496

CAMP OFFERINGS

NOTE: Camps below have specific age ranges. Please check the box under the weeks of camp you wish for your child to attend. If attending Weeks 2, 3, or 4, you should choose **ONLY ONE** of the two camps available for each week.

Week 1 (June 24-28)	Week 2 (July 1-5)	Week 2 (July 1-5)	Week 3 (July 8-12)	Week 3 (July 8-12)	Week 4 (July 15-19)	Week 4 (July 15-19)	Week 5 (July 22-26)	Week 6 (July 29-Aug 2)
Rising 7th—12th	Rising 9th—12th	Rising 7th—8th	Rising 5th—6th	CANCELED	Rising 5th—12th	Rising 5th—12th	Rising 5th—12th	Rising 7th—12th
Explore SWVA! Camp	Senior Camp	Middler Camp	First Year Camp	Transition & Management Camp	Art Camp	Explore Nature! Camp	All About Water! Camp	Outreach Camp
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Camper's Last Name	First Name

CAMPER MEDICAL INFORMATION

What is the current status of the camper's health? Excellent Good Fair * Poor*

*Please Explain _____

List any **ACTIVITIES** from which the camper should be **RESTRICTED**: _____

List any **DIETARY RESTRICTIONS** that apply to the camper: _____

Do you give Phoebe Needles Center Staff permission to apply sunscreen to your camper if they need assistance? Yes No

GENERAL HEALTH QUESTIONS

Has the camper ever, or does the camper now: (please answer YES or NO to all questions)

- | | | |
|---|-----|----|
| 1. Have a recent injury, illness, infectious disease, or surgery? | YES | NO |
| 2. Had/Have a chronic or recurring disease? | YES | NO |
| 3. Had/Have frequent headaches? | YES | NO |
| 4. Wear glasses, contacts, or protective eye wear? | YES | NO |
| 5. Had/Have ear or sinus problems? | YES | NO |
| 6. Had/Have frequent infections? | YES | NO |
| 7. Pass out during exercise or at other times? | YES | NO |
| 8. Get dizzy during or after exercise? | YES | NO |
| 9. Had/Have seizures? | YES | NO |
| 10. Had/Have low or high blood pressure? | YES | NO |
| 11. Had/Have a diagnosed heart murmur? | YES | NO |
| 12. Had/Have heart disease (CHF, CAD, MI)? | YES | NO |
| 13. Had/Have COPD? | YES | NO |
| 14. Had a Stroke/TIA? | YES | NO |
| 15. Had/Have back problems? | YES | NO |
| 16. Had/Have joint problems (knees, ankles, etc.)? | YES | NO |
| 17. Require an orthodontic appliance? | YES | NO |
| 18. Had/Have skin problems (rash, acne, itching)? | YES | NO |
| 19. Have diabetes? | YES | NO |
| 20. Had/Have asthma? | YES | NO |
| 21. Have constipation or diarrhea? | YES | NO |
| 22. Had/Have an abnormal menstrual history? | YES | NO |
| 23. Had/Have an eating disorder? | YES | NO |
| 24. Had/Have GI, abdominal or digestive problems? | YES | NO |
| 25. Had/Have emotional/behavioral difficulties requiring professional help? | YES | NO |
| 26. Had/Have ADD or ADHD? | YES | NO |
| 27. Sleepwalk? | YES | NO |
| 28. Had/have sleep disorders including bedwetting? | YES | NO |
| 29. Use any type of tobacco products including vapes? | YES | NO |

For any questions marked YES to the left, please provide an explanation: _____

OVER-THE-COUNTER MEDICATIONS

Phoebe Needles Center maintains a few Over-The-Counter (OTC) medications to treat minor symptoms of campers while at camp. Please indicate below which of the following OTC medications Phoebe Needles Center staff can administer to your camper while at camp.

- | | | |
|--|-----|----|
| Acetaminophen or Tylenol (pain) | YES | NO |
| Pepto Bismol or generic (upset stomach) | YES | NO |
| Cough Suppressant plain (cough) | YES | NO |
| Benadryl pills or generic (itching or rash) | YES | NO |
| Ibuprofen or Advil (inflammation) | YES | NO |
| Antacid Tablets | YES | NO |
| Anti-diarrheal (diarrhea) | YES | NO |
| Calamine Lotion or Cortaid (itching or rash) | YES | NO |
| Hydrocortisone 1% Cream (itching) | YES | NO |

Residential Summer Camp 2024

ALLERGIES

Does your camper have any known allergies? YES NO
 Has your camper ever experienced anaphylaxis? YES NO
 Is your camper allergic to BEE or WASP stings? YES NO
 If so, will they bring medication with them to camp? YES NO

Camper's Last Name	First Name
FOR MEDICAL SCREENER USE ONLY	
Check medications?	INITIALS
Check Allergies?	
Check Restrictions?	

If applicable, in the chart below, please list your child's known allergies, reactions, and treatments:

ALLERGY	SPECIFIC ALLERGIES	REACTION(S)	TREATMENT(S)
FOOD			
PLANTS/ ANIMALS			
MEDICATION			
SEASONAL			

MEDICATIONS

Does your camper take medication? YES NO

If so, all medications (prescription and over-the-counter) to be administered at camp, must be brought to camp **IN THE ORIGINAL CONTAINER OR PACKAGING, which, if PRESCRIPTION, must include the name of the prescribing physician, the name of the medication, and the dosage and frequency of administration.** Bring enough medication to last the entire session of camp. All medications brought to camp should be turned in to camp staff during the check-in process. Campers are not allowed to keep medications with them, except under specific circumstances as determined by camp staff.

In the chart below, please list your child's medications, dosage, and frequency, and indicate if it will be administered at camp. **If more than 5 medications, please attach an additional sheet.**

Medication Name	Dosage	Frequency	Will this medication be administered at camp?
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

AUTHORIZATION FOR MEDICAL TREATMENT

By signing below, I attest that the information on this form is correct and complete so far as I know, and the person (child/camper) herein described has permission to engage in all prescribed Summer Camp @ Phoebe Needles activities, except as noted by me. I understand that there is a certain degree of risk and possible injury in relation to the program and its activities. I hereby give my permission to the staff of Phoebe Needles Center, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give my permission to Phoebe Needles Center, Inc. to arrange necessary related transportation for my child. In the event I cannot be reached during an emergency, I give my permission to the physician selected by Phoebe Needles Center, Inc. to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips off Phoebe Needles Center, Inc. property. I understand that during the time my child/camper is attending camp at Phoebe Needles Center, Inc., they will be provided with secondary insurance coverage for medical expenses due to accident or illness. This includes activities on and off Phoebe Needles Center, Inc. property.

VERIFICATION OF IMMUNIZATIONS

I, _____, attest that
 (Print Parent/Guardian Name)
 _____, has
 (Print Camper Name)
 received ALL immunizations required for public schools in Virginia, and that these immunizations are up to date as of June 1, 2024: Diphtheria, Tetanus & Pertussis (DTaP, DTP, or Tdap); Haemophilus Influenzae Type b (Hib) Vaccine; Hepatitis B Vaccine; Human Papilloma Virus Vaccine (HPV); Measles, Mumps & Rubella (MMR) Vaccine; Pneumococcal (PCV) Vaccine, Polio Vaccine, Varicella (Chickenpox) Vaccine.

Has your child had COVID Vaccine? YES NO

What is the date of the camper's last tetanus shot?

 (Parent/Guardian Signature) (Date)

It is the hope of Phoebe Needles Center, Inc. to make Summer Camp 2024 available to all children without respect to the ability to pay. Financial assistance in the form of need-based scholarships is available from Phoebe Needles Center, Inc. Please contact our office manager for more information:

540-483-1518 or officemanager@phoebeneedles.org

 (Parent/Guardian Print Name)

 (Parent/Guardian Signature)

 (Date)

Residential Summer Camp 2024

Camper's Last Name	First Name

TELL US MORE ABOUT YOUR CAMPER!

Is there any other information you think we should know about your camper?

ASSUMPTION OF RISK, ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY, & PARTICIPANT AGREEMENT

I understand that during my child's participation at Residential Summer Camp 2024 @ Phoebe Needles Center, Inc., they will be exposed to risks. These activities may include, but are not limited to:

- Hiking
- Sports & Games
- Low Ropes Course Elements
- Swimming
- Possible Inclement Weather
- Transportation by Bus

Injuries are possible in the course of recreational activities, and illness is possible due to exposure to natural elements such as adverse weather, plants, animals, and insects. By signing below, I assume these risks.

I understand also, that although Phoebe Needles Center Inc. staff has taken precautions to provide proper equipment, quality construction, and qualified facilitators, it is impossible to guarantee absolute safety. I understand that I share the responsibility for safety at camp, and I agree to follow the instructions of Phoebe Needles Center, Inc. staff.

I acknowledge and accept in writing that community life at Residential Summer Camp 2024 @ Phoebe Needles Center, Inc. is based upon mutual trust, respect for others, and adherence to the spirit and to the specifics of a set of standards which are:

- The use or possession of alcohol, illegal drugs, fireworks, firearms or any other kind of weapon is prohibited.
- The use or possession of tobacco or vaping products in any form is prohibited.
- Riding or driving in a motor vehicle without specific permission from authorized staff is prohibited.
- Participants are expected to remain on Phoebe Needles Center, Inc. property throughout the camp session unless accompanied by an adult staff member designated by authorized staff.
- Inappropriate sexual behavior is not tolerated.
- **Cell phones, computers, and electronic devices of any type are not permitted at camp.**

I agree to share the above restrictions with my child and to enforce these restrictions to the best of my ability.

I understand that at the beginning of each camp session, camp staff will announce and discuss behavior expectations established for all participants, campers, staff and volunteers. This will include, among other things, quiet time, abusive language, required participation in activities, and areas of the campus which are off limits. Any violation of these standards and those listed above may mean immediate dismissal without refund from the Residential Summer Camp @ Phoebe Needles Center, Inc. program. Attending Residential Summer Camp @ Phoebe Needles Center, Inc. is a privilege, and participants agree to enter fully and cooperatively into the community life. Phoebe Needles Center, Inc. reserves the right to terminate participation without refund and send home any person whose conduct is considered detrimental to the program or Phoebe Needles Center, Inc.

By signing below, I hereby make application for enrollment of my child in Residential Summer Camp 2024 @ Phoebe Needles Center, Inc. Unless noted below my signature, I give permission for photographs or video footage of my youth to be used by Phoebe Needles Center, Inc. for promotional purposes.

(Camper's Name) (Camper's Signature) (Date)

(Parent/Guardian's Name) (Parent/Guardian's Signature) (Date)

HOW SHOULD WE EXPECT YOUR PAYMENT? (check all that apply)

- Cash
 - Check Enclosed
 - Check in Mail
 - Online via PayPal at www.phoebeneedles.org
 - Applying for partial of full scholarship
 - Third Party making payment
- _____
(Name of third party making payment)

Make all checks payable to Phoebe Needles Center, Inc.
The fee for a returned check is \$25.

PLEASE RETURN ALL REGISTRATION MATERIALS TO:
Phoebe Needles Center, Inc.
732 Turners Creek Road
Callaway, VA 24067-5814
540-483-1518
officemanager@phoebeneedles.org