

# 2010 OSWEGATCHIE CAMPER REGISTRATION FORM

9340 Long Pond Road  
Croghan, NY 13327

(315) 346-1222  
(315) 346-1127 (Fax)

Pay for Camp with Paypal at  
[WWW.OSWEGATCHIE.ORG](http://WWW.OSWEGATCHIE.ORG)



Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

Phone : \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

## Week 5: August 1- 6

Request only 1 Campsite Mate : \_\_\_\_\_

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**\* Baldwinsville Campers: Please send this registration form, health form, and \$320 check (payable to Oswegatchie Camp) to Mr. Lepine D.S. Ray Middle School, 7650 Van Buren road, Baldwinsville, NY 13027 by June 11th!**

## **BALDWINSVILLE SPECIAL**

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If Paid by Friday, June 11th!

**\$320**

**Includes:**

**\$30 off for early bird discount**

**+\$35 Tour Bus Transportation**

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<b>YOUR PAYMENT</b>	<b>\$320</b>
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Camp Store Advance Deposits +	_____
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Seaplane \$40 (optional) ?	+ _____
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<b>Total</b>	<b>= _____</b>
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**Make Check Payable to**

**Oswegatchie Camp!**

### Parental Acknowledgement for Seaplane Activity (Mandatory for plane ride)

I, \_\_\_\_\_, allow my child, \_\_\_\_\_, to participate in plane ride with the Payne's Seaplane.  
(Parent's Name) (Child's Name)

Payne's Seaplane Service offers a 20 minute seaplane ride to the campers at Oswegatchie. Without the signed consent of a parent or guardian, anyone under the age of 18 will not be allowed to participate on a seaplane ride while a participant in the Oswegatchie Summer Camp Program. Signing this certificate does not make this activity mandatory for the camper. The fee to participate in a seaplane ride is \$40 per camper. Payne's Seaplane Service is regulated by the FAA, Part 135, and is a certified Air Taxi.

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Camper's Name Printed

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name Printed

Camping session will be 5 days in length. Each session will start on Sunday with registration at 12:00 Noon. Each session concludes at 9:30 AM on the following Friday. Please call ahead if you cannot meet these scheduled times. If someone other than a parent is picking up a camper, a permission slip must be turned in at registration.

# 2010 Health History & Examination Form

## Oswegatchie Educational Center

9340 Long Pond Road Croghan, NY 13327  
 315-346-1222 (Phone) 315-346-1127 (Fax)  
 Summer Director: Bill Waite  
 wwaiete@oswegatchie.org



This information is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents of minors. Updates are required annually. The Health Exam must be completed by an approved licensed medical personnel.

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Entering Grade:** \_\_\_\_\_ **in September 2010** What Week are you attending Oswegatchie? \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Parents/Guardians:** \_\_\_\_\_ **Phone Numbers:** \_\_\_\_\_

**Health Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

\*(Please Photo copy both sides of cards and attach to this form.)

**Emergency Contact Person and their Phone:** \_\_\_\_\_

**Advisor/Group Leader:** \_\_\_\_\_ **School / Organization:** \_\_\_\_\_

### **Part I- Health History** (To be Completed by Parent / Guardian)

#### **Check all that apply:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches	<input type="checkbox"/> Epilepsy	Any Allergies? _____
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bed wetting	_____
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Heart Disease /Defect	<input type="checkbox"/> Respiratory Disorder	_____
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Dental Needs	_____
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Psychiactic Diagnosis	<input type="checkbox"/> Eyewear	_____
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Skin Problems	_____

**Anything Additional:** \_\_\_\_\_

**Operations or all serious injuries or illness:** \_\_\_\_\_

**List all Prescription Medications:** \_\_\_\_\_ **Name** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Reason for Taking / Comments** \_\_\_\_\_  
 (Use additional paper if needed)

_____	_____	_____
_____	_____	_____
_____	_____	_____

*Prescribed medications must be in their original container with an intact prescription label noting all standard pharmacy information.*

### **Immunization Record : Requires a Month and Year.**

**IMPORTANT: The New York State Department of Health requires that this section be completed and that all immunizations be up to date before the child arrives to camp or participates in any activities. You may attach a copy of your records.**

Diphtheria/Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ MMR \_\_\_\_\_ Polio \_\_\_\_\_

\*Tetanus must be within last 10 years.

Haemophilus influenza b \_\_\_\_\_ Hepatitis b \_\_\_\_\_ Varicella (chicken pox) \_\_\_\_\_ Others \_\_\_\_\_

This health history is correct and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the licensed medical personnel. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the camp director for emergency treatment.

Signed by Parent / Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*Additional Signature required on back from both parent/guardian and camper.*

**Part Two – Health Care Recommendations by Licensed Medical Personnel**



**Note– Must be filled out by a physician (please answer all questions)**

Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**In my opinion, the above applicant is / is not able to participate in an active camp program.**

The applicant is under the care of a physician for the following conditions:

\_\_\_\_\_  
\_\_\_\_\_

Treatments to be continued at camp: \_\_\_\_\_

Limitations in camp activities: \_\_\_\_\_

The NYS Dept. of Health was instructed in 2003 that all summer campers must have individual written orders from a physician before a camper can receive any medications, including Over The Counter (OTC) drugs. Medications will be distributed by our medical director. Please circle and initialize what medications you allow the camper to take.

Aspirin / Acetaminophen / Ibuprofen / Benadryl / Claritin / Pepto Bismol / Immodium

Other OTC Medications: \_\_\_\_\_

**Physician’s Signature and Date:** \_\_\_\_\_ **Phone #:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

I, the undersigned, recognize that camping can be dangerous and to minimize the risk of injury to myself and others, I agree as follows:

1. I will accept and abide by the rules of the Oswegatchie Educational Center.
2. I will take great care to protect myself and others from injury.
3. In consideration of my opportunity to stay at Oswegatchie and to participate in the activities of Oswegatchie, I:
  - A. Acknowledge that I am responsible for my own safety and Oswegatchie is not responsible for my safety beyond ordinary standards
  - B. Release and discharge Oswegatchie from any liability arising from my own neglect or carelessness.
  - C. Accept all responsibility for risks within my control.
  - D. Hold harmless and indemnify Oswegatchie from all liability not covered by availability insurance rising from my participation as a camper and resort to my personal medical, accident, and property insurance as my exclusive remedy if available liability insurance is insufficient compensation for my injuries or for damage to my property.
4. For the purpose of this documentation, Oswegatchie shall include the NYS FFA Leadership Training Foundation Inc., its officers, directors, employees, and affiliates.
5. This Assumption of Risk and Release is binding upon the undersigned, by my heirs, distributes, personal representatives, and assigns.

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned parent or guardian, consent to the above named camper’s participation in activities at Oswegatchie; I individually and in my representative capacity, join in foregoing Assumption of Risk and Release. In addition, consent is given that photos which include the above named camper may be used for camp publicity.

**Signed by Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you have any questions, please contact us at (315) 346-1222 or email us at [wwaite@oswegatchie.org](mailto:wwaite@oswegatchie.org). This form, its information, and your signatures are an essential requirement to allowing your child to participate in our summer camp program. Without this form present, Oswegatchie has the right to hold campers from being a part of this program.**