

# 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: \_\_\_\_\_

Check Your Week:

- Week 1: July 5 -10
- Week 2: July 11-16
- Week 3: July 18-23
- Week 4: July 25-30
- Week 5: August 1- 6

**Paying with  
Paypal?**

**You still need  
to mail in this  
form.**

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

If you are an FFA member, what chapter: \_\_\_\_\_

Been here before? Circle Yes or No If Yes, # of summers : \_\_\_\_\_

How did you learn of Oswegatchie? \_\_\_\_\_

FFA Member

Campership: \$285

Non FFA Member

Campership: \$310

**EARLY BIRDS SAVE \$30 OFF  
REGISTRATION IF PAID IN  
FULL BY JUNE 15TH, 2010!**

.....  
**YOUR PAYMENT**

\$280 FFA or \$305 Non FFA \_\_\_\_\_

Camp Store Advance Deposits + \_\_\_\_\_

Seaplane \$40 (optional) ? + \_\_\_\_\_

Early Bird (6/15th) \$30 -- \_\_\_\_\_

**Total = \_\_\_\_\_**

Paypal # \_\_\_\_\_

To insure availability, please send your reservation along with a non-refundable \$100 deposit or full payment Postmarked no later than June 15th, 2010.

## 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, anyo

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  
 wwaite@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:**

_____ Asthma	_____ Headaches	_____ Epilepsy	Any Allergies? _____
_____ Ear Infections	_____ Diabetes	_____ Bed wetting	_____
_____ Convulsions	_____ Heart Disease /Defect	_____ Respiratory Disorder	_____
_____ Back Problems	_____ Bleeding Disorder	_____ Dental Needs	_____
_____ Fainting Spells	_____ Psychiactic Diagnosis	_____ Eyewear	_____
_____ Sleep Walking	_____ Eating Disorders	_____ 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)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Prescri

### **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  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

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. H

a camper

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

**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.**