Third Haven Quaker Meeting - Outdoor Mindfulness Camp 2023 Registration Information June 26 -29 (Monday – Thursday)

We are so excited you are interested in joining us for our nature camp!

Enclosed please find basic information about the fun ahead, including the registration materials. Registration is due by June 1.

Basic Registration Policies:

- 1) The non-refundable <u>payment for the camp is due one week prior to your child's camp week in the amount of</u> \$100. After a completed registration is received by mail or dropped-off with one of the Camp Organizers, your camp spot is guaranteed! Payment can be cash or check (sorry, no credit card processing available).
- 2) We will send an email to confirm registration. Spots are reserved on a first come, first served basis and space is limited.
- 3) The registration packet must be filled out completely for the health and safety of your child.
- 4) Please include any special requests with the registration materials and we will do our best to honor requests.

Financial Assistance:

Third Haven Quaker Meeting has a small scholarship program that covers a portion of camp tuition for children in need. If you would like to apply for a scholarship, please include a short paragraph to this registration that explains briefly how much assistance you need.

Arrival and Departure:

This year the camp has two options, morning or afternoon, from Monday through Thursday. The morning camp starts at 9 am and ends at 11:30 am. The afternoon camp starts at 1 pm and ends at 3:30 pm. For purposes of safety, campers must be signed in and out at the beginning and end of each day. Please drive slowly within Third Haven grounds. Your child will not be leaving the premises at any time. They will only be able to leave with the adults listed on the registration paperwork under "Camper Pick-Up Information." If a new carpooling arrangement develops, please notify a camp organizer or teacher beforehand.

What to Bring:

Please dress campers for outside activity and according to the weather. We will be outside most of the time! Clothing should be able to get dirty and keep your child warm/cool and dry. Sunscreen and bug spray are recommended, as is a bottle of water for your child. Please do not bring anything to camp that you are afraid of losing, especially electronics.

Registration Checklist:

- Contact the Camp Organizer –Susan Claggett (410-200-6345, <u>susanclaggett2@gmail.com</u>) -- to check availability, request scholarship availability, and answer questions.
- Reserve camp spots by mailing your registration and deposit by June 1 to the following:

Third Haven Friends Meeting Attn: Susan Claggett, Third Haven Summer Camp 405 S. Washington St. Easton, MD 21601

You may also make arrangements to drop off registration and payment with a Camp Organizer in-person.

Third Haven Outdoor Mindfulness Camp Registration

Child's Name:		Birth date:	/	/
Age by start of camp:	Grade in Fall 2023:			
Name of Guardian(s):				
Address:				
Email(s):				
*The email will be used to send a campers during the camp session	Registration Confirmation when form.	ns are received ar	nd to sen	nd updates of the
Choose the option that works be	st for you:			
☐ Morning Session: June 26	-29 : 9-11:30 AM (Monday through 7	Γhursday)		
☐ Afternoon Session: June 2	26 – 29: 1-3:30 PM (Monday through	Thursday)		
Cost: \$100 for each week of camp	o. Checks should be made out to "Thi	ird Haven Monthl	y Meetin	ng."
Would you like more information	n about Third Haven Monthly Mee	ting? Y	YES	NO
Cost Assistance: Third Haven ha assistance, please explain how mu	s a small scholarship fund for childrer chiver childrer chiver you feel you need.	in need. If you	are requ	esting financial

CAMPER HEALTH HISTORY

Child's Name:	
The following information is required:	
1 st Emergency Contact (Parent or Legal Guardian):	Phone:
2 nd Emergency Contact (Other than Parent Above):	Phone:
Child's Physician:	Phone:
HEALTH INFOR	MATION:
 Are there any health problems including physwhich we need to be aware? □ NO 	sical, psychiatric, or behavioral problems of
☐ YES, Explain:	
Are there any medications, dietary restriction be aware of to ensure that your child's camp	
☐ YES, Explain:	
IMMUNIZATION INF	ORMATION:
For campers who reside within the United States, a United States territory, or the District of Columbia:	For campers who reside outside the United States, a United States territory, or the District of Columbia:
1. State/territory in which child resides:	1. Country in which child resides:
2. Is this child exempt from any immunizations? [] NO [] YES, List them:	2. Attach Department form DHMH-896 (record of vaccination or immunity)
Parent or Legal Guardian's Signature:	Date:

CAMPER PICK-UP INFORMATION

	be picked up by the following people:
(Child's Name) Check if the Camper Pick-up list include	des: [] Guardians listed on page 1 [] Emergency Contacts listed on page 3
Other people with permission to pick-u	
	MEDICAL AVENODIZATIVON
routine tests, treatment; to release any rec transportation for me or my child. In the selected by Third Haven to secure and ad	mersonnel selected by Third Haven Monthly Meeting ("Third Haven") to order x-rays, cords necessary for insurance purposes; and to provide or arrange necessary related event I cannot be reached in an emergency, I hereby give my permission to the physician eminister treatment, including hospitalization, for the person named above. I agree that I costs associated with medical treatment. This completed form may be photocopied for
Any directions to the contrary should be s	
Parent's/Guardian's signature:	Date:
RELE	ASE OF LIABILITY AND USE OF IMAGE
As the child's parent and/or legal guardian Haven") Outdoor Mindfulness Camp (the 'there are possible dangers associated with tmy child's participation in the Camp may i	, I understand that my child will be participating in Third Haven Monthly Meeting ("Third "Camp"), which will include classroom and outdoor field trip experiences. I understand the Camp, including but not limited to hiking and outdoor exploration. I understand that involve sustained physical activity. My child is in good health and I am aware of no ait or interfere with my child's ability to participate in the Program.
I agree that my child is participating in the representation, expressed or implied, regard	activity at my own risk, and acknowledge that Third Haven has made no warranty or ding the safety of conducting the Camp.
	to reproduce my child's appearance, name, likeness, voice and biographical information in nanners, including promotional materials, and any and all media, including the Internet,
from and for any and all claims, demand privacy or right of publicity arising from information, including but not limited to damage, or injury to person or property	y Meeting, its officers, directors, employees, agents, licensees, successors and assigns ds or causes of action which I have or may have for (i) libel, defamation, invasion of a Third Haven's use of my child's appearance, name, likeness, voice and biographical o, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, a suffered or incurred by my child, except by Third Haven's negligence, in connection in the Camp or in any Camp-related activity.
	my heirs, next of kin, executors, administrators and assigns. By signing below, I nd understand this form and that the statements I have made are all true.
Darant's/Cuardian's signature.	Doto