

## **Third Haven Quaker Meeting - Outdoor Mindfulness Camp 2024 Registration Information**

Morning and Afternoon Sessions Available: June 24 – 27

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

**Enclosed please find basic information about the fun ahead, including the registration materials.**

### **Basic Registration Policies:**

- 1) The non-refundable **payment for a camp session is due one week prior to your child's camp week in the amount of \$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:**

There are two sessions available for this camp, running Monday through Thursday, June 24 to June 27. The Morning Sessions runs from 9:00 am and ends at 11:30 am; the Afternoon Session runs from 1:00 – 3:30. 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, [susanclaggett2@gmail.com](mailto:susanclaggett2@gmail.com)) -- to check availability, request scholarship availability, and answer questions.
- Reserve camp spot(s) by mailing your registration and deposit 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 2024 \_\_\_\_\_

**Name of Guardian(s):** \_\_\_\_\_

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

**Email(s):** \_\_\_\_\_

\*The email will be used to send a Registration Confirmation when forms are received and to send updates of the campers during the camp session.

### **Please Select Your Camp Session:**

Morning: 9:00 to 11:30 AM

Afternoon: 1:00 to 3:30 PM

**Cost:** \$100 for each Session of camp. Checks should be made out to "Third Haven Monthly Meeting."

**Would you like more information about Third Haven Monthly Meeting?**                    **YES**     **NO**

**Cost Assistance:** Third Haven has a small scholarship fund for children in need. If you are requesting financial assistance, please explain how much you feel you need.

**CAMPER HEALTH HISTORY**

Child's Name: \_\_\_\_\_

**The following information is required:**

1<sup>st</sup> Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?       NO

YES, Explain: \_\_\_\_\_

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

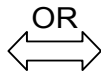
2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?       NO

YES, Explain: \_\_\_\_\_

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

IMMUNIZATION INFORMATION:

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:

\_\_\_\_\_

2. Is this child exempt from any immunizations?       NO  
 YES, List them: \_\_\_\_\_

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

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER PICK-UP INFORMATION**

\_\_\_\_\_ may be picked up by the following people:  
(Child's Name)

Check if the Camper Pick-up list includes:     Guardians listed on page 1     Emergency Contacts listed on page 3

Other people with permission to pick-up your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL AUTHORIZATION**

I hereby give permission to the medical personnel selected by Third Haven Monthly Meeting (“Third Haven”) to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Third Haven to secure and administer treatment, including hospitalization, for the person named above. I agree that I will be solely responsible for paying any costs associated with medical treatment. This completed form may be photocopied for trips.

Any directions to the contrary should be specified below and signed.

**Parent’s/Guardian’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE OF LIABILITY AND USE OF IMAGE**

As the child’s parent and/or legal guardian, I understand that my child will be participating in Third Haven Monthly Meeting (“Third Haven”) Outdoor Mindfulness Camp (the “Camp”), which will include classroom and outdoor field trip experiences. I understand there are possible dangers associated with the Camp, including but not limited to hiking and outdoor exploration. I understand that my child’s participation in the Camp may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child’s ability to participate in the Program.

I agree that my child is participating in the activity at my own risk, and acknowledge that Third Haven has made no warranty or representation, expressed or implied, regarding the safety of conducting the Camp.

I hereby grant permission to Third Haven to reproduce my child’s appearance, name, likeness, voice and biographical information in connection with the Camp in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

**I expressly release Third Haven Monthly Meeting, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Third Haven’s use of my child’s appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Third Haven’s negligence, in connection with any aspect of my child’s participation in the Camp or in any Camp-related activity.**

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

**Parent’s/Guardian’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_