



2019 CAMPER & CIT REGISTRATION FORMS

Please note that a separate registration form must be completed for each child.

Welcome to CREA Summer Camps! The following 3 forms are needed to complete your camper's registration:

1 Camper/CIT Registration Forms 2 Camper/CIT Immunization Record 3 Payment in Full

MAIL COMPLETED FORMS TO: CREA | PO Box 187 | Topsham, ME | 04086

Camper's First Name: _____ Campers Last Name: _____
Date of Birth: _____ Age: _____ Grade Entering in Fall 2019: _____ Gender: M / F / Other

Parent/Guardian First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Best Phone Number to Reach You: (____) ____ - _____
Second Best Phone Number to Reach You: (____) ____ - _____
Relationship to Child: _____ Email Address: _____
This person is approved to pick up my child from camp: Y / N

Second Parent/Guardian First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Best Phone Number: (____) ____ - _____ Second Best Phone Number: (____) ____ - _____
Relationship to Child: _____ Email Address: _____
This person is approved to pick up my child from camp: Y / N

Emergency Contact #1 First Name: _____ Last Name: _____
Best Phone Number: (____) ____ - _____ Second Best Phone Number: (____) ____ - _____
Relationship to Child: _____
This person is approved to pick up my child from camp: Y / N

Emergency Contact #2 First Name: _____ Last Name: _____
Best Phone Number: (____) ____ - _____ Second Best Phone Number: (____) ____ - _____
Relationship to Child: _____
This person is approved to pick up my child from camp: Y / N

Other than those listed above, who is allowed to pick up your child from camp:

Campers will only be released from camp to the specific individuals noted above with prior approval from Parents/Guardians. If someone needs to be added or taken off this list, please provide a hand-written note to the Camp Director with these details. Thank you!



General Waiver/Release of Liability:

I give permission to my child to participate in 2019 CREA Summer Camps or CIT program, offered by the Cathance River Education Alliance (CREA). By signing below, I specifically release both CREA and Highland Green and its officers, directors, employees, staff, representatives, contractors, and volunteers from any claims of any kind arising from my child’s participation in CREA activities.

Signature of Parent/Guardian: _____ Date: _____, 2019

Photo/Audio Visual Release:

My consent gives permission to use video clips or footage, photo reproductions, narrative accounts of camp experience, and sound track recordings for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my child/children’s will not be used to endorse any particular commercial products or commercial services.

I do or I do not authorize the Cathance River Education Alliance - CREA to use photos or video clips of my child while they are participating in CREA’s 2019 Summer Camp programs.

Signature of Parent/Guardian: _____ Date: _____, 2019

Health History Information:

Please describe any current health conditions requiring medication, treatment, or special restrictions while your child is at camp:

Does your child have any severe reactions to insect bites/stings? _____

Please list all known allergies? _____

Record of past medical treatment:

Please feel free to use additional paper to provide more detail if needed.

Does your child have Epilepsy: Y / N --- If yes, date of last seizure _____ & severity _____

Does your child have Diabetes: Y / N --- If yes, does your child take medications/insulin? _____

Does your child have Asthma: Y / N --- If yes, does your child carry an inhaler? _____*

Does your child carry an epi-pen? Y / N --- If yes, what for: _____*

Will your child be taking medications while attending camp? Y / N

If yes, what for: _____



***Self-Administering Medication:** If your child will be bringing an Epi-Pen or Inhaler to camp and you would like them to carry the medication to be able to self-administer when needed, the following documentation must be submitted per Maine State Camp Licensing requirements.

- 1.) A written note from the Parent/Guardian
- 2.) A written note from the PCP confirming that the camper has the knowledge and skills to safely self-administer the emergency medication at camp.

Parents/Guardians MUST check-in ALL medications, epi-pens, inhalers, etc. (including over the counter medications) with the Camp Director each morning of camp, and proper paperwork for dispensing medications must be completed.

If your campers will be bringing ANY medication to camp, please email the Camp Director jenny@creamaine.org to receive a Medication Log.

One form must be completed for each medication prior to your camper's arrival.

If your camper will be taking medications while at camp, please send a week's worth of medication. This will stay on campus in a double locked cabinet for the duration of the week, and the bottle will be sent home with the child (staff passing off to parents), on the last day of the week the camper will attend. If campers are attending multiple weeks, the medication will need to be re-stocked and sent in with the camper on Monday.

Hospital Preference: _____

Health History Waiver:

This health history details provided are correct to the best of my knowledge, and my child has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order treatment and to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child named above in the event I cannot be reached in an emergency. **My child's 2019 immunization records are attached.**

Signature of Parent/Guardian: _____ Date: _____, 2019

Immunization records must include the date of the last tetanus shot and available information concerning age specific vaccinations. If your religious or personal beliefs prohibit or restrict medical treatment, please provide a written note with these details signed by the Parent/Guardian.



2019 Camp Registration:

Please check each week/session you are registering your camper/CIT for this summer. We can't wait to meet them! For full descriptions of each 2019 camp theme and out CIT program please visit creamaine.org/camps

Camp Session	Dates	2019 Rising Grade Level	Place an X here if registering for this week
Outdoor Adventure Skills	July 8 - 12	Grades 6 - 8	
Wilderness Squad Unite!	July 15 - 19	Grades 1 - 2	
The Green Team	July 22 - 26	Grades 3 - 5	
Super Science Immersion I	July 29 - August 2	Grades 3 - 5	
CREA's Creations	August 5 - 9	Grades 3 - 5	
Super Science Immersion II	August 12 - 16	Grades 6 - 8	

CIT Session	Dates	Ages	Place an X here if registering for this week
	<small>(Each 2019 CIT session is a 2 week commitment)</small>		
Session I	July 8 - 19	14 - 16	
Session II	July 22 - August 2	14 - 16	
Session III	August 5 - 16	14 - 16	

2019 Camp Tuition:

CAMPERS

\$250 / Session for Non-CREA Members
 \$190 / Session for CREA Members

CREA Family Memberships are available for \$50 annually. This membership qualifies all children in the family for a camp discount for all week's of 2019 summer camp. Memberships must be current to receive a discount.

CIT

CIT sessions are a learning and service leadership experience. There is no charge to participate, though we do require that all CIT's are current CREA Members. No wage or stipend is provided.

We are happy to provide documentation of CIT hours for community service credit.

My Camp Payment:

# of weeks attending	Total Non-Member Tuition \$250/wk	Total Member Tuition \$190/wk	Add a CREA Membership \$50	Current CREA Members	Total of the Check Payment Enclosed
					\$

We look forward to meeting your camper this summer at 2019 CREA Summer Camps!
 Families will receive an email confirming your camper/CIT registration from our Camp Director once all of your information is processed. Thank you!



CIT Additional Application

Although we appreciate our dedicated Parents/Guardians, this section of the application needs to be completed by the CIT candidate. Thank you!

Have you attended CREA Summer Camps in the past? **YES / NO**

If so, how many years did you attend CREA Summer Camps? _____

Why do you want to be a CIT with CREA Summer Camps?

Please describe any experience that you have with exploring the outdoors:

Please describe any experience that you have with taking care of younger children:

Why do you think you would be a successful candidate for the CIT program?

What makes a good Leader?

Reference Information:

Please provide a reference (that is not an immediate family member) that we can reach out to. This could be a teacher, youth leaders, or person you baby-sat for, etc.

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____