

2018 CAMPER REGISTRATION & MEDICAL FORM

(Please complete all information & type or print clearly)

Child's Name _____

Address _____

City _____ State or Prov. _____ Zip _____

E-Mail _____

Date of Birth ____/____/____ Sex F M Age ____ Weight _____ Current Grade Level _____

I prefer to bunk with _____ (bunk mates must be within one year of the same age)

Emergency Contacts	Home Phone	Cell Phone	Work Phone
FATHER'S NAME			
MOTHER'S NAME			
GUARDIAN			
OTHER CONTACT			

Please indicate week attending:

- Teen Week \$315**/June 25-30/Circle C's Got Talent
- Week Two \$315**/July 2-7
- Week Three \$315**/July 9-14
- Week Four \$315**/July 16-21
- Week Five \$315**/July 23 - 28
- Week Six \$315**/July 30-August 4
- Week Seven \$315**/August 6-11

Must be checked to be registered Special Cookout \$7.00

MEDICAL FORM

Insurance Information:

Name of Insurance Company: _____

ID# _____ Group # _____

Policy# _____ Certificate# _____

Name Of Camper's Physician: _____ Phone #: _____

Date of last Physical ____/____/____

Health History: Check if any apply & explain. Use separate paper if necessary

- Diabetes Seizures &/or Epilepsy Heart defect/disorder
- Bedwetting Emotional/Behavioral Disorder Asthma
- Hay Fever Bleeding/Clotting Disorder Frequent Ear Infections
- Other (specify) _____

Any Specific Activities to be Restricted _____

**** ALLERGIES: (Explain reaction as well)**

Bees or Insect Bites/Stings _____

Foods (Specify) _____

Other (Specify) _____

Carries Epipen: _____

/Or Inhaler: _____

Penicillin: _____

Immunization History: Actual dates required by NYS Health Department up to age 21, A new copy is required each camp year. Photocopies are preferred.

DPT ____/____/____/____ Last Tetanus

Poliomyelitis ____/____/____ MMR ____/____

Influenza B _____ Hepatitis B _____

Varicella _____ Chicken Pox _____ Other _____

The following standard over-the-counter medications are available at the nurse's office and will be administered as needed at the discretion of an RN, ONLY if approval is indicated by the camper's health care provider. Without this signature, the camper cannot be given any of these medications under New York State Law.

Drug Name	Route	Dr.'s Order	Comments
	Circle preferred formulation(s)	Check one	
Tylenol	Chewable tablet / elixir	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pain or Fever > ____°F
Ibuprofen	Chewable tablet / suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pain or Fever > ____°F
Robitussin Cough & Cold	Syrup	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pepto Bismol	Liquid / chewable tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No	For diarrhea, upset stomach
Benadryl	Chewable tabs or pills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergic reactions
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Prescription	Route	Dosage	Schedule & Indications	Comments

Health Care Provider's Signature: _____

Parent or Guardian _____ Date _____

(Mr., Mrs., or Reverend)

NOTARY SEAL

Notarized: Sworn to me this ____ day of _____, 20 ____.

Parent's authorization for those under 18 years of age: In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the camp to hospitalize, secure treatment and order injection, anaesthesia or surgery for my child as named above. * Our local hospitals, for immediate and efficient care in case of emergency, have requested that the Parent's signature be notarized.

same time if you want to bunk together.

****PLEASE NOTE:** In the event of sickness or illness while at camp, the Parent/Guardian is responsible for all medical expenses incurred under the authorization of the Camp Registered Nurse and/or Director. These Claims may be submitted to your Insurance provider when eligible for reimbursement.

****In the event of injury or accident while at camp, claims should be submitted to your insurance provider. Our camper insurance coverage (accidents or injury only) will be reimbursed you for medical claims which exceed the amount of your personal insurance plan provisions.

*The registration fee must be sent in with the Registration form in order to be fully Registered. The balance is to be paid on arrival at camp. Money must be in US currency- No Canadian cheques (checks). Camp is filled on a first come, first served basis. It is easier that you make sure your friend registers at the

2018 FAMILY WEEKEND (August 17-19) REGISTRATION FORM (please type or print)

Adults: Ages 12 and up - \$65.00 per person | Child: Ages 5-11 - \$35.00 per person | * 4 years of age and under - FREE
 This price includes a snack, 5 meals, 2 nights of lodging, and all the activities.

ADULTS

Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Name _____

CHILDREN:

Name/Age _____
 Name/Age _____
 Name/Age _____
 Name/Age _____
 Name/Age _____

Address _____
 City _____ State or Prov. _____ Zip _____
 Phone: (____) _____ Cell (____) _____
 E-Mail _____

There is a \$50.00 (non-refundable) deposit to be sent in with the registration to reserve your unit. Registration begins at 7:00 PM Friday night in Miss Kate's Place. (32 units available) and the weekend ends after lunch on Sunday.

Send registration to: Circle C Ranch, 10451 Ashcraft Rd. | We accept VISA, Mastercard, and Discover as forms of payment.
 Delevan, NY 14042

METHOD OF PAYMENT Do NOT send cash or checks.

Acceptable Methods of Payment: Money Order (payable to Circle C Ranch)

Credit Card: MasterCard Visa Discover Phoned in Payment

Total amount being paid \$ _____

Account Number _____ Expiration Date _____ Security Code _____

Signature _____ Print Name _____

DISCOUNTS!

Early Bird: If your registration is postmarked by May 1 you save \$15 off your week at camp (Registration fee remains \$75). If you're too late, you can still save \$10 by having your registration postmarked by June 1 (Registration fee remains \$75).

Extra Week: Pay full price for your first week of camp and every other week you come you get \$100 off!

Sibling Discount: When you pay full price for your first child (\$315) you get \$50 off your second child. If you have a big family, for every sibling after the first two you get \$75 dollars off a piece! This discount is for immediate family members only, and cannot be used by cousins, nieces or nephews.

COSTS: (Every camper receives a free t-shirt with registration)

Teen Week / Circle C Has Talent: \$240.00 plus \$75 non-refundable registration fee. Total \$315.00 (U.S. funds)

Regular Weeks Two-Seven: \$240.00 plus \$75 non-refundable registration fee. Total \$315.00 (U.S. funds)

NOTE: NY State Law requires for horseback riding:

- Shoes with heels.
- Helmets (you may bring your own if it is Pony Club Approved)

TWO WAYS TO REGISTER:

- Mall in the Registration Form and completed Health History with your \$75 registration fee to this address:
 Living Waters Circle C Ranch
 10451 Ashcraft Rd., Delevan, NY 14042-9664 **OR**
- Phone in your Registration information to our office and use a credit card (VISA, MASTERCARD, or DISCOVER) for payment of your \$75 registration fee. Then, mail in your completed Registration Form and Health History to the above camp address. ***We MUST receive this within two weeks of your phone-in Registration. If we do not, your reservation will be cancelled. (The registration fee is nonrefundable.)**

CONTACT INFORMATION:

Phone Number (716) 492-3687 or 1-800-231-6866

Fax (716) 492-1361

E-mail: Info@circlec ranch.org

Visit our website: www.circlec ranch.org

Office Hours: Monday-Friday 9-5

Messages taken by phone on off-hours are not guaranteed.

WHAT TO PACK:

Upon receipt of your completed registration information, we will send you "Your Official Circle C Ranch 'Get Ready for Camp' checklist" along with your confirmation information. We are not responsible for lost articles

The Public Health Law Requires:

- The camp be licensed by the NYS Dept. of Health
- The camp to be inspected twice yearly
- The inspection reports concerning the camp are filed with the Dept. of Health, 302, Laurens St., Olean, NY.

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, or national origin. Any person who believes he/she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, DC 20250

For Office Use Only

RF _____ PC _____ DIS _____
 HF _____ SC _____ OB _____