



Metropolis of Boston Camp

St. Methodios Faith and Heritage Center 329 Camp Merrimac Rd. Contoocook, NH 03229
Office 603.746.4400 Fax 603.746.2142 Mobile 603.545.7637 mbcamp@tds.net

INFORMATION AND INSTRUCTIONS

PLEASE READ THE FOLLOWING CAREFULLY!

1. Donation for camp: The suggested donation for a week (one session) of camp is \$450. Please make your stewardship donation accordingly. **If you wish to apply for a scholarship, please call your parish priest or the camp director.**
2. Session size: Each session will be limited to the number of spaces allowed by the American Camping Association and the State of New Hampshire. **SPACE WILL BE LIMITED, AND SESSIONS WILL BE CLOSED.** To secure you space, please send your \$100 deposit with your application as soon as possible. **Sessions will fill on a first-come, first-serve basis.**
3. Sessions attending: Campers will be allowed to attend multiple sessions. If campers enjoy spending multiple weeks at the camp, we are glad to have them. However, if a camper or the camp struggles with an extended stay, the director will use his discretion and make appropriate arrangements.
4. Medications: All medication brought to camp must be in **PHARMACY-APPROVED AND LABELED CONTAINERS ONLY.** Campers will NOT be allowed to register at the beginning of each session without adhering to this state mandate. Campers are also not allowed to keep medication with them in the cabins.
5. Cabin assignments: We determine cabin assignments by **GRADE AND AGE.** We will do our best to accommodate reasonable requests for cabin mates (please indicate these requests on the application).
6. Complete registration: Completed application must include a **HEALTH FORM** and a copy of an **INSURANCE CARD** and be received 30 days prior to start of camp. Download health forms at www.mbcamp.org
7. Check-in: Campers may register for each session between **5 - 7 PM on the Monday** of each session.
8. Pick-up: Campers may be picked up at **11:30 AM on Sunday** of each session. Parents and guests are welcomed to join the camp for Divine Liturgy at 9:30 AM each Sunday.
9. Directions: Go to www.mbcamp.org for a "Directions link." Please drive safely when visiting camp. *Be respectful of our neighbors in your driving speed.*



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mbcamp@tds.net www.mbcamp.org

(for office use only)

Date: _____ Date: _____ Date: _____

#: _____ #: _____ Oth: _____

Init: _____ Init: _____ Init: _____

IC: _____ Health: _____

Camper Application Form

Please read the INFORMATION AND INSTRUCTIONS page CAREFULLY!

Please enter legal guardian names/primary caregiver names in the various "father" and "mother" fields if applicable. Thank you.

Camper's Name: _____ Gender (circle): M or F

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Age: _____ Grade (in Fall 2008) _____

Home Phone _____ Camper Cell _____

Camper Email: _____ Father Name: _____

Father Home Phone: _____ Father Day Phone: _____

Father Cell: _____ Father Email: _____

Mother Name: _____ Mother Home Phone: _____

Mother Day Phone: _____ Mother Cell: _____

Mother Email: _____ Emergency Contact: _____

Relationship to Camper: _____ Emergency Day Phone: _____

Emerg. Cell _____ Emerg. Evening: _____

Have you been to the Metropolis of Boston Camp before? Yes No

Sessions (Please mark "X" for one or more sessions) Campers Aged 8-18

Session 1 Monday, June 30 - Sunday, July 6 **Session 4** Monday, July 21 - Sunday, July 27

Session 2 Monday, July 7 - Sunday, July 13 **Session 5** Monday, July 28 - Sunday August 3

Session 3 Monday, July 14 - Sunday, July 20 **Session 6** Monday, August 4 - Sunday Aug. 10

CABIN MATE REQUEST (not guaranteed): _____

(Cabin mates are determined by GRADE in FALL of 2008 and by AGE)

Home Parish: _____ City/State: _____

Please note that in providing camping, recreational, and sporting activities, the Metropolis of Boston does not hold itself responsible in any way for any injury that might arise from participation in such events. Participation is strictly voluntary and carries with it the commonly held understanding that some degree of risk is associated with camping activities. In signing this release form, I hereby give the MBC Directors full authority, as temporary guardians, to act on my behalf regarding my child. I understand that in case of emergency, the MBC Directors and/or designated staff will try to contact me but that, until such time, they will make all necessary decisions to ensure the safety and wellbeing of my child. I also give permission for my child to participate in all camp activities, both on the campsite and on field trips away from the campsite, unless I specify otherwise.

Signature of Parent or Legal Guardian

Date

Signature of Camper

Enclosed is my non-refundable deposit of \$100 PER SESSION which will hold a space in the session(s) specified above. The suggested stewardship donation for camp is \$450. Scholarships are available. Please see the **INFORMATION AND INSTRUCTIONS** page and read **CAREFULLY!**



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The information on this form 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/guardians of minors or by adults themselves. Update required annually. Approved licensed medical personnel must complete health exam at least every two years.

Name: _____ Birthdate: _____ Social Security #: _____

Home Address: _____ Gender: Male Female

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group #: _____

Photocopy of front and back of health insurance card must be attached to this form.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer: _____

Printed Name: _____ Date: _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer: _____ Date: _____

Health History

The parent/guardian, or adult camper or staff member must fill in the following information. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Allergies	Describe reaction and management of the reaction
Medication:	
Food:	
Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)	

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis.

This person takes medications as follows:

Medication	Dosage	Specific times taken each day	Reasons for taking

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

Dietary Restrictions

<input checked="" type="checkbox"/>	Does not eat red meat	<input checked="" type="checkbox"/>	Does not eat pork	<input checked="" type="checkbox"/>	Does not eat eggs
	Does not eat poultry		Does not eat seafood		Does not eat dairy products
	Other (describe)				

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No	Has/does the participant:	Yes	No
Had any recent injury, illness or infectious disease?			Have a chronic or recurring illness/condition?		
Ever had problems with joints (e.g. knees, ankles)?			Ever been hospitalized?		
Have an orthodontic appliance brought to camp?			Have any skin problems (e.g. itching, rash, acne)?		
Ever had surgery?			Have diabetes?		
Have frequent headaches?			Have asthma?		
Wear glasses, contacts or protective eye wear?			Had mononucleosis in the past 12 months?		
Ever had frequent ear infections?			Had problems with diarrhea/constipation?		
Ever passed out during or after exercise?			Have problems with sleepwalking?		
Ever been dizzy during or after exercise?			If female, have an abnormal menstrual history?		
Ever had seizures?			Have a history of bed-wetting?		
Ever had chest pain during or after exercise?			Ever had an eating disorder?		
Ever had high blood pressure?			Ever had emotional difficulties for which professional help was sought?		
Ever been diagnosed with a heart murmur?			Ever had back problems?		

Please explain any "yes" answers, referencing the question. _____

Which of the following has the participant had?

X	
	Measles
	Chicken Pox
	German Measles
	Mumps
	Hepatitis A
	Hepatitis B
	Hepatitis C

Please give all dates of immunization for:

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
or Measles					
or Mumps					
or Rubella					
Haemophilus influenza B					
Hepatitis					
Varicella (chicken pox)					

TB Mantoux Test

Date of last test _____

Result: Positive Negative

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician: _____ Phone: _____

Address: _____

Name of family dentist/orthodontist: _____ Phone: _____

Address: _____

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. BP: _____ Weight: _____ Height: _____

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: _____

Recommendations and Restrictions at Camp

Treatment to be continued at camp: _____

Medications to be administered at camp (name, dosage, frequency): _____

Any medically-prescribed meal plan or dietary restrictions: _____

Known allergies: _____

Description of any limitations or restriction on camp activities: _____

Additional information for health care staff at the camp: _____

Signature of Licensed Medical Personnel: _____
Printed: _____ Title: _____
Address: _____
Phone: _____ Date: _____



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CHECKLISTS

Registration

1. Applications
2. Completed Health Form (2 sides)
3. Photocopy of Insurance Card (2 sides)
4. Suggested donation and/or deposit

Things to Bring (remember, nights can be cold)

- Clothing for 7 days labeled with camper's name
- T-shirts and shorts
- Long pants/sweatpants
- Socks and underwear
- Sunday Clothes for Divine Liturgy
- Sneakers/tennis shoes/athletic footwear
- Sweaters/sweatshirts and light jacket
- Rain coat and gear
- Sleeping bag/sheets/blanket and pillow
- Towels (shower and beach)
- Flashlight
- Bathrobe
- Toiletries
- Flip-flops for shower
- Swimsuits (one-piece for girls, please)
- Sunscreen
- Bug spray
- Camera
- Spending-money for camp store

Things NOT to bring (camp is not responsible)

- electronic devices (cell phone, iPod, games, etc)
- Jewelry or other valuables
- illegal items/substances or tobacco products/alcohol
- dangerous items (knives, firearms, fireworks, lighters, etc)
- pets

QUESTIONS: Please call Mike at 603.545.7637