

1. **Send registration form along with full payment, made payable to NNED AG, 501 Riverside St, Portland, ME 04103-1034.** You can register online by going to [www.nnenext.com](http://www.nnenext.com) and look under the “Events” list at the top of the page. Choose Summer Camp, and go to the bottom of the camp page to click on the link. If you are registering more than one student online, please be sure to fill out separate health forms and all medical information for each student.
2. Camp fees include lodging, meals, and recreational activities. Spending money for the snack bar is recommended.
3. We encourage campers to register early to assure them a place at camp. All registrations are filled on a first-come, first-served basis. Space is limited.
4. The **physical address** for camp is 31 Gilford Ave, Rumney, NH 03266. Please be prompt when dropping off or picking up your children. Drop off and pick up times are as follows:

**Check-in for Kid’s Camp will be 1-3pm on July 10, 2024**

**Departure time for Kid’s Camp is 12-1pm on July 13, 2024**

**Check-in for Teen Camp will be 1-3pm on July 15, 2024**

**Departure time for Teen Camp is 12-1pm on July 19, 2024**

5. All campers will stay in supervised dorms/cabins. Dorms/cabins are not air conditioned.
6. Daily “**Mail Call**” is a highlight of Camp. It is recommended that letters be mailed one week prior to start of camp in order for the camper to receive it. **DO NOT SEND YOUR APPLICATION TO THE ADDRESS BELOW!**

**Camper Name**  
**NNED Kid’s Camp/Teen Camp**  
**% White Mountain Camps**  
**PO Box 599 | Rumney, NH 03266-0599**

7. Campers are requested not to call home unless there is an emergency. In case of an emergency, you may leave a message by calling (207) 859-0023, or by calling the District Office at (207) 878-2777 during business hours (Tues.-Fri., 8 AM-5 PM).

## CAMP RULES

1. Campers are under the authority of the camp staff during their stay at camp.
2. Campers are not permitted to leave the camp unless a written request by a parent/legal guardian is presented at registration.
3. Campers must stay in their rooms after “lights out.” Any camper caught outside after this time without a proper reason will be sent home.
4. Campers are expected to conduct themselves in an appropriate manner at all times and to attend all scheduled activities.
5. Use of tobacco, drugs, alcohol or other illegal contents is strictly forbidden.
6. No profanity, disrespectful or crude conversation is to be used.
7. Turn in any iPods, electronic games, cell phones, etc. that you bring to camp. They will be returned during checkout.
8. Keep your room clean. Room checks will be done during morning small groups.
9. Respect other camper’s belongings.
10. Do not damage or deface any camp property. If something is broken, report it immediately. Unnecessary damage will be charged to the person(s) responsible. If the guilty person(s) cannot be found, then the cost of the repair will be shared by each camper in the room.
11. Check out at the end of the camp session at the registration table. Each camper will be free to go home AFTER their room has been cleaned and approved by the Camp Director.

**The lack of cooperation, unnecessary roughness, lack of respect for property, or an unwholesome attitude on the part of any camper will result in expulsion from camp. Parents are encouraged to explain these rules to their children and encourage compliance while at camp. Parents will be responsible for the transportation home of any dismissed camper. No refunds will be given.**

## WHAT TO BRING

- Daytime wear is casual. "Modesty" is the rule. T-shirts and shorts are acceptable. NO tank tops, midriffs, sleeveless or tube tops, strapless dresses, miniskirts, or short shorts are permitted. Shorts must be "fingertip length." Under garments must be worn and not seen. For safety, shoes are to be worn at all times throughout the camp.
- One outfit that can get ruined. We usually have one game that is extremely messy and may stain clothes.
- 1-Piece Swimsuits (Tankini style is acceptable if stomach is covered or two-piece swimsuits can be worn with a dark t-shirt over it) for girls, boxer-style swim trunks for guys.
- Sleeping bag or sheets and blanket, pillow
- Personal Care items: Soap, shampoo, deodorant, toothpaste, etc.
- Medications: Please have prescription or Over-the-Counter (that are different from our list on the Statement of Health) medications **in their original bottle, in a zip lock bag with your child's name clearly on the bag**
- Towels for showers & swimming
- Bible, Notebook and Pen/Pencil
- Bug Spray
- Camera
- Sneakers - bring at least two pairs because we will be outside even if it's wet!
- Spending Money
- Optional: Decorations for room

**Please Mark Your Belongings. We are not responsible for lost or stolen items.**



**Send Completed Registration Form and Fee to:  
NNEd Next Gen Ministries  
501 Riverside St, Portland, ME 04103-1034**

# 2024 NORTHERN NEW ENGLAND SUMMER CAMPS

- |   |   |
|---|---|
| <input type="checkbox"/> Entered in to the Computer | <input type="checkbox"/> Authorization Signatures |
| <input type="checkbox"/> Payment PAID In Full       | <input type="checkbox"/> Medical Form Signed      |
| <input type="checkbox"/> Confirmation Sent          | <input type="checkbox"/> Immunization Record      |

**Please Check Which Camp your Child will be Attending:**

- KIDS CAMP: JULY 10-13 (AGES 8 - 12)**       **TEEN CAMP: JULY 15-19 (AGES 12 - 17)**

**EVERY AREA OF THIS APPLICATION MUST BE COMPLETED! - Your child won't be registered until a completed application is received.**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Gender at Birth: Male:  Female:  Email for Confirmation: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Has camper been convicted of any crimes or currently on probation?       Yes       No

If yes, explain \_\_\_\_\_

Church Name/City/State: \_\_\_\_\_

## CAMP REGISTRATION COSTS

**Check one of the following:**

- Kids Camp Regular Registration: \$250 - Postmarked by June 30, 2024**
- Kids Camp Late Registration: \$300 - Postmarked after June 30, 2024 (subject to availability)**
- Teen Camp Regular Registration: \$300 - Postmarked by June 30, 2024**
- Teen Camp Late Registration: \$350 - Postmarked after June 30, 2024 (subject to availability)**

**PARENTAL AUTHORIZATION:** The health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician in writing at the time of registration. I hereby release and waive any and all claims against Northern New England District AG Camps, Rumney Bible Conference, and its staffs arising from his/her participation in Northern New England AG Camps. In case of emergency, I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, nurse, dentist, or emergency personnel. I also hereby understand that if my child refuses to adhere to the camp policies listed herein, I may be called to bring him/her home immediately. I also hereby give permission to the camp counselor and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also hereby give permission for my child to be transported off grounds to participate in the recreation activities of the camp program. I authorize NNED Camp Ministry to use my child's likeness in photographs or video in any and all of its publications and in any and all media pertaining to camp. I will make no monetary or other claims against NNED Camp Ministry for the use of such photos and/or videos. This record is confidential and viewed by appropriate staff only.

**Parent/Guardian Signature:** X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Only an **authorized person** designated on this form may remove a camper from camp only with proper identification. Please list authorized person(s) \_\_\_\_\_

Is there anyone to whom we should **NOT** release your child? Please list complete name(s) \_\_\_\_\_

**I will abide by all camp rules. I understand violation of these guidelines may result in my immediate dismissal from camp at parent/guardian's expense.**

**Signature of Camper:** X \_\_\_\_\_

### For Camp Office Use Only

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Rec'd By \_\_\_\_\_ Amount Due \_\_\_\_\_

Amount Paid \_\_\_\_\_ Paid By \_\_\_\_\_ Postmarked \_\_\_\_\_

**SUMMER CAMP STATEMENT OF HEALTH**

**PERSONAL INFORMATION:**

Full Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender at Birth: Male:  Female:  Age \_\_\_\_\_

**\*A physical within two years of the start date of camp is required.\*** My student has a current physical on file:  Yes  No  
**\*\*If no, the Physician's Statement of Examination (on next page) or a copy of your student's most recent physical from the Doctor must be submitted to the District Office.\*\***

**HEALTH HISTORY:** Do not leave any lines blank. If not applicable, write "N/A".

**Nose Bleeds:**  Yes  No **ADD/ADHD:**  Yes  No **Bed Wetting:**  Yes  No  
**Seizures:**  Yes  No Type: \_\_\_\_\_ **Aura:** \_\_\_\_\_  
**Diabetes:**  Yes  No **How Controlled?**  Insulin  Oral Hypoglycemic  Diet

**ALLERGIES (It is very important to list medication, environmental and food allergies and what you have for a reaction):**

Medication Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_  
 Environmental Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_  
 Food Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

Head Aches  Migraines Treatment: \_\_\_\_\_  
**Asthma:**  Yes  No **Inhaler(s):**  Yes  No  
 Type(s) of Inhaler(s) and when used: \_\_\_\_\_  
**Hearing Disability:**  Yes  No **Hearing Aids:**  Yes  No  
**Visual Disability:**  Yes  No **Correct With:**  Glasses  Contact Lenses  Other: \_\_\_\_\_

**HEALTH PROBLEMS:**

**Bone/Joint:**  Yes  No **Stomach:**  Yes  No **Heart:**  Yes  No  
**Kidney:**  Yes  No **Lungs:**  Yes  No **Bowel:**  Yes  No  
**Blood Pressure:**  Yes  No **Activity Restrictions?**  Yes  No **Reason:** \_\_\_\_\_

**Special Considerations:** \_\_\_\_\_

**IMMUNIZATION RECORD**

This Patient been immunized against the following (Please indicate the dates of immunizations or attach copy of record):

**DPT:** \_\_\_\_\_ **HepB:** \_\_\_\_\_ **OPV:** \_\_\_\_\_ **MMR:** \_\_\_\_\_  
(Diphtheria, Pertussis, & Tetanus) (Hepatitis B) (Oral Polio Vaccine) (Measles, Mumps, & Rubella)  
**DT:** \_\_\_\_\_ **Td:** \_\_\_\_\_ **TB:** \_\_\_\_\_  
(Diphtheria & Tetanus) (Booster for Tetanus & Diphtheria) (Tuberculosis)

**PLEASE CHECK MEDICATION AND INDICATE DOSE FOR STUDENTS UNDER 18** - As you look at the list of over the counter medications, consider which medications you would want your LIT to be given for the condition listed. We will give the dose recommended on the bottle. If none are listed and the need arises we will have to call you, which would delay care for your student. We will stock the medications listed in generic form; if you have specific brands you would prefer, please send them with your student in a bag labeled clearly with their name.

- 1. PAIN/HEADACHES:**  
 Acetaminophen (Tylenol): How many? \_\_\_\_\_  
 Ibuprofen: How many? \_\_\_\_\_
- 2. ALLERGIES:**  
 Claritin (non-drowsy)  
 Benadryl (Liquid)
- 3. STOMACH:**  
 Tums
- 4. SKIN TREATMENT:**  
 Neosporin  
 Benadryl Cream /  Anti-Itch Cream
- 5. COLD/COUGH:**  
 Cough Drops
- 6. SWIMMER'S EAR:**  
 Auro-Dri

**PARENTS: IF YOU DO NOT FILL OUT THIS BOX, THE CAMP NURSE WILL CALL YOU FOR PERMISSION BEFORE GIVING YOUR STUDENT ANY OF THE OVER THE COUNTER MEDICATIONS ABOVE.**

**PRESCRIBED MEDICATIONS (\*\*PLEASE HAVE MEDICATION(S) IN THEIR ORIGINAL BOTTLE, IN A ZIP LOCK BAG WITH YOUR CHILD'S NAME CLEARLY ON THE BAG\*\*):**

Name of Medication	Reason Prescribed	Dose Prescribed	Time(s) To Be Given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:

**Special Instructions:**

**AUTHORIZATION FOR TREATMENT:**

To my knowledge, the information contained in this health history form is correct and the person herein described has permission to engage in all prescribed camp activities, except as noted.

I hereby give my permission to the medical personnel, selected by the camp director, to order X-rays, routine tests, treatment; 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 the person named above. The completed form may be photocopied for trips out of camp. I also give my daughter/son permission to receive the above medication(s) when necessary during the week of Camp which will be administered by the Camp Nurse or her designee.

**PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Insurance Company Name/Address:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

# PHYSICIAN'S STATEMENT OF EXAMINATION

Mandatory New Hampshire State law requires All Campers and Camp Staff to have a physical within 2 years of the start date of camp!  
Current physical must be on file at the District Office.

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Special Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Treatment Given \_\_\_\_\_

Physical Handicaps, Disorders, Diseases \_\_\_\_\_

Restricted Activities \_\_\_\_\_

Reasons \_\_\_\_\_

## IMMUNIZATION RECORD

This Patient been immunized against the following (Please indicate the dates of immunizations):

DPT: \_\_\_\_\_ HepB: \_\_\_\_\_ OPV: \_\_\_\_\_ MMR: \_\_\_\_\_  
(Diphtheria, Pertussis, & Tetanus) (Hepatitis B) (Oral Polio Vaccine) (Measles, Mumps, & Rubella)

DT: \_\_\_\_\_ Td: \_\_\_\_\_ TB: \_\_\_\_\_  
(Diphtheria & Tetanus) (Booster for Tetanus & Diphtheria) (Tuberculosis)

New Hampshire statutes require the student to have documentation of immunizations to attend camp, except in the case of a Medical Exemption or an appropriate parental objection. If either is the case, please attach a signed statement stating the exemption or objection to this form.

**\*\*A copy of the immunization record from the doctor's office is also acceptable.\*\***

### FEMALES ONLY:

Has this person menstruated?  YES  NO If YES, is her history normal?  YES  NO

Special Considerations \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO:  
NO. NEW ENGLAND DISTRICT A/G | ATTN: NEXT GEN MINISTRIES  
501 RIVERSIDE ST. | PORTLAND, ME | 04103-1034  
FAX: (207) 878-2779 | EMAIL: [nnedkmb@gmail.com](mailto:nnedkmb@gmail.com)