

ADVENTURE CAMP 2019: “Welcome to the Jungle”



We hope that you will join us for our 9th Annual Adventure Camp. Adventure Camp is a “day camp” being held at North Central Health Care during the week of August 5-9, from 8a.m. to 4p.m. This unique camp benefits our residents by enhancing their quality of life, providing them the ability to appreciate one’s life experiences, giving them increased feelings of self-worth, and sharing happiness and joy. Camp offers children a chance to have contact with the elderly as well as an opportunity to develop relationships between the residents and themselves that will last beyond their week at camp.

Camp is limited to children, grandchildren and family members of NCHC employees, ages 3 (and potty trained) to 12. Children will be separated by age group dependent upon the number of children registered for camp. **If you have a child or interested party age 17+ who would like to volunteer, please contact Melissa Stockwell for more information. Volunteers are asked to complete registration and waiver forms.**

Parents are asked to fill out a registration form as well as a Waiver & Release form for each child. This form must be signed before your child can participate in any of our camp activities. There will be a flat fee of \$40 per camper to assist in the cost of t-shirts, supplies, and snacks for the week of camp. **Registration forms and the registration fee are due no later than Monday, July 15.**

Parents and/or family members will be responsible for sending a sack lunch for their child Monday through Thursday. They will also be responsible for sending sunscreen and bug spray, if needed (*Please label with your child’s name*). The camp will provide daily morning and afternoon snacks for the children.

We have a lot of fun programs and opportunities in store for our residents and campers during the week of camp. We will be having a family picnic on Friday at 12 noon, and we hope that parents, grandparents, aunts, uncles etc. will be able to join the campers and camp staff for a fun lunch together. Camp will then end at 4:00pm Friday afternoon.

Please fill out the attached forms and return them with your \$40 registration fee no later than Monday, July 15. Necessary forms and payment can be dropped off at the Mount View Information Station. Checks can be made out to NCHC (memo Adventure Camp). Any questions or concerns can be directed to Melissa Stockwell, MT-BC, at ext. 5104 or at 715.841.5104. You can also e-mail mstockwell@norcen.org.

Thank you,
Melissa Stockwell, MT-BC and Camp Director



Adventure Camp, 2019

REGISTRATION

Our 2019 Adventure Camp is a 5-day program of fun and enrichment for children and family members of North Central Health Care employees. Participants must be at least 3 years old (and potty trained) through age 12. Please do not bring toys. Electronic devices or games will not be allowed. Please make sure all of your children's belongings are marked with their name. Please fill out a separate registration form for each child that will attend camp. Phone numbers are very important; list every possible number where you can be reached. There will be a \$40 registration fee to help cover the cost of supplies and snacks.

The official dates of camp are August 5-9.

The registration and Waiver & Release forms must be returned along with the registration fee of \$40 no later than Monday, July 15, in order to buy the appropriate supplies. A signed Waiver & Release form must be returned by our first day in order for your child to participate in camp activities.

_____	_____	_____	_____
CHILD'S NAME	AGE	D.O.B.	GENDER

_____	H/C: _____	Work Ext. _____
EMPLOYEE'S NAME	PHONE NUMBER	

_____	_____
PARENT'S NAME (if different)	PARENT'S ADDRESS w/zip code (for mailing camp info)

H/C: _____	_____
PHONE NUMBER (if different)	HOW IS CHILD RELATED TO EMPLOYEE

****NAME AND PHONE NUMBER OF PREFERRED PHYSICIAN:**

_____	_____
NAME	PHONE NUMBER

Please list below any medications taken by the child and any medical conditions:

Examples include: migraines, asthma, and lactose intolerant; List food allergies also.

Please remember that we cannot give medications to your child. **DO NOT SEND MEDICATIONS WITH HIM/HER.**

If your child HAS TO receive a medication, please contact Melissa Stockwell at 841-5104, ext. 5104 or mstockwell@norcen.org



North Central Health Care
Person centered. Outcome focused.

(Child's Name)

NCHC Employee's Name

Adventure Camp Release Waiver

- I understand that North Central Health Care is sponsoring an Adventure Camp for children, and grandchildren, and/or other related children of employees.
- I understand that in the event my child is in need of medical attention or needs emergency treatment, North Central Health Care staff will seek the treatment which is located at the most appropriate location and follow up with any additional information as needed related to the injury or illness.
- I understand that my child will be transported via North Central Health Care transportation to any off campus adventures, if the destination is not within walking distance.
- I give permission for my child to take part in all camp activities both on and off the NCHC campus.
- I understand that employees of North Central Health Care and volunteers of the Adventure Camp will supervise the participants in Adventure Camp. Children who present disciplinary problems will be removed from the group and will not be allowed to return to camp.
- I understand, in addition to regular safety rules, that rules of the other camp destinations visited by Adventure Camp participants will need to be followed.

Photography Release (please initial) ___ Yes ___ No

I give permission for my child's picture to be taken and used for promotion of Adventure Camp.

I hereby release North Central Health Care and any and all of its agents from legal responsibilities in the event of an accident, disciplinary action, and/or unforeseen incident.

(Parent/Guardian Signature)

(Date)