



MYFGA 2022 Winter Camp Application

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Please complete application and health form and mail all completed forms to:
Maine Youth Fish and Game Association - PO Box 337 - Stillwater, ME 04489

- Photograph permission signature
- Code of Conduct with parent and child signatures
- Payment
- Completed application with up-to-date emergency contact information
- Updated health form

CAMPER INFORMATION

Camper's name _____ Gender: _____ Date of Birth ____/____/____

Age and grade at time of Camp: ____ Years Old, ____ Grade

New or Returning Camper? _____

If the camper could choose ONE friend to be in the same group with, who would it be? _____

Mailing Address: _____

Parent/Guardian #1 _____

Parent/Guardian#2 _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

OTHER EMERGENCY CONTACTS, CARETAKERS, PEOPLE INVOLVED WITH PICK-UP, DROP-OFF, ETC.

Name _____

Name _____

Phone Number _____

Phone Number _____

Relationship to camper _____

Relationship to Camper _____

PHOTO & VIDEO PERMISSION

I give permission for photographs and/or video of my camper to be used in newspaper, website, radio, and other forms of media to share camp activities with the community and to promote Maine Youth Fish and Game Association and Winter Camp.

Yes: _____

No: _____

Photo only/ NO names attached: _____

Parent/Guardian Signature _____

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Ages 8 - 15. Groups will be separated by age. **The cost is \$75.**

Saturday, February 5th through Sunday, February 6th.

The bus will be at the Lewis S. Libby School in Milford for both drop-off & pick-up
Drop-off from 7:15 - 7:30 am Pick-up at approx. 4:30 pm

CODE OF CONDUCT

My camper and I have read the attached Code of Conduct and agree to abide by the rules and policies. We understand that if the camper does not follow these rules with reasonable effort and redirection by camp staff, they will be asked to leave camp and not return and there will not be a refund for fees paid.

Parent Signature _____ Camper Signature _____

Please take a moment to help us ensure a positive experience for your camper by answering all the questions below. Feel free to attach pages if you need more space or contact our Winter Camp Director, Adam Regan at adam.regan@maineyouthfishandgame.org or (207) 852-6398.

Please share any known restrictions that may hinder participation in the activities, including any needed physical assistance that may be required to perform routine tasks. Include any social/behavioral concerns and strategies you recommend for assisting your camper as needed.

During our daily activities, MYFGA will strive to maintain a 1:8 camper/staff ratio.

**If your child needs additional aid or requires a 1:1 aide or direct supervision in school, please consider attending camp with them or providing someone to assist your child as needed.
Contact our Winter Camp Director if you need additional care for your child at camp.**

Behavioral/Social concerns – best strategies to assist your child as needed:

What other information can you share about your camper to help make the MYFGA Winter Camp a successful experience for this year? _____

CAMP SCHOLARSHIPS

Camp Scholarships are available to help families with the cost of camp and are awarded based on demonstrated financial need. We ask that the family contribute a portion of the camp tuition (typically half of the regular tuition fee), if assistance is requested. If you would like your child to be considered and has not received a scholarship within the past two years, please fill out the following section and enclose a brief statement regarding financial need and provide a small portion of tuition for the financially able.

____ Yes, I would like information on camper assistance.

Maine Youth Fish & Game Association Camp Health Form

Camper's Name: _____ DOB: _____ Gender: _____ Age: _____

Parents: MYFGA requires that you submit a copy of a health examination by a licensed physician that has been conducted within the past two years. Please include any recent changes in health history or medication. If your child needs a new health examination, please use the form below.

If you attach a different form (from school athletics, etc.) please make sure it addresses all of the questions.

Physician's Assessment

Note to examining physician: This applicant will be participating in activities such as ice fishing, snowshoeing, and physical recreation. Since it may be necessary for a physician to see this applicant during his/her stay at camp, it is important to have an accurate medical history. Your cooperation in making a careful examination is greatly appreciated to ensure a quality and safe camp experience. Thank you!

Is the applicant under the care of a physician for the following conditions: _____

I have examined the applicant within the past 2 years **YES / NO** (circle one) Date examined: _____

Immunization History

Is the camper up-to-date on his/her immunizations? **YES / NO** (circle one) Please attach a record of these immunizations or complete the following:

Vaccine	Date of Basic Immunization	Date of Last Booster
DTaP		
Oral Polio		
MMR		
Varicella		
Tetanus		
Hepatitis Series 1 st		
2 nd		
3 rd		

Health History - please provide approximate dates when applicable

Frequent ear infections _____ Mononucleosis _____

Heart defect / disease _____ Chicken Pox _____

Convulsions _____ Measles _____

Diabetes _____ German measles _____

Bleeding/Clotting Disorder _____ Mumps _____

Hypertension _____ Asthma _____

Tuberculosis _____ Hepatitis _____

Hay Fever _____ Insect bites - severe reaction _____

Poison Ivy or Sumac _____ Medicine allergy/reaction _____

Maine Youth Fish & Game Association Camp Health Form

Allergies? (Latex, foods, medication, etc.) _____

Surgeries or serious injuries? (Dates) _____

Disability or chronic recurring illness? _____

Does applicant have epilepsy? YES / NO Does the applicant have diabetes? YES / NO

Please explain any reported loss of consciousness, convulsions, or concussion if different from above:

Current Medications: _____

Any side effects or medication-based reactions the camp should be aware of? _____

Please note medications that will need to be administered at camp: (name, dosage, time, etc.)

Any medically prescribed meal or dietary restrictions? _____

Additional Health Information: Are there any other health issues that the camp should be aware of?

Restrictions on participation: _____

In my opinion, the person's condition **DOES / DOES NOT** (circle one) preclude this camper's participation in a reasonably active camp program:

**Licensed Physician's Signature: _____

Physician's printed name: _____

Daytime Phone #: _____

Date: _____

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Camp Consent to Treat Form

Maine Youth Fish and Game Association can provide, with parent permission, the following medications in the event a camper requires medical attention while attending winter camp.

Emergency Medications

Benadryl (diphenhydramine HCL 25 mg) – for use in the event of an allergic reaction, hives, or as directed by a parent or guardian. Parents/guardians will be notified immediately.

Physician Prescribed and Patient Provided Epi-Pen (epinephrine auto-injector 0.3 mg for adults and children over 66 lbs. or 0.15 mg for children under 66 lbs.)

*Use only for severe respiratory distress or sudden collapse from known allergic reaction (anaphylaxis) to insect stings, foods, drugs or other allergens, as well as idiopathic or exercise induced anaphylaxis. *Do not use for seizures – Call 911 and immediately notify parent/guardian

Over-the-Counter Medications

Antibiotic Ointment (e.g. bacitracin) – may be used for superficial abrasions after cleaning of wound

First Aid Antiseptic Spray – May be used for minor cuts, scrapes, and burns.

Calamine/Caladryl – May be used for mild rashes, itching, or insect bites.

Antacid Tablets (TUMS regular strength) – may be given for upset stomach, heartburn.

Benadryl cream/cortisone cream – May be used for topical itching, rash, or bug bites.

Splinter Removal – Small splinters may be removed using small tweezers by camp staff.

EMERGENCY: In an emergency, if unable to reach parents, the Emergency Rescue Service (911) will be called for transportation to the nearest medical facility. In the event of an Emergency, please specify which hospital you would prefer: **(circle one)** **EMMC** or **St. Joseph Hospital**

Pain Reliever: For treatment of headache, fever, or minor discomfort. To be given no more than once per day while attending MYFGA Winter Camp. The camp will provide regular strength acetaminophen (325 mg) or ibuprofen (200 mg) in either tablet or chewable form. Ibuprofen must be taken with food and at least 6 hours after the last known dose. Please indicate below preference for medication dosage:

___ **Tylenol (acetaminophen) 325 mg -- 1 tablet__ 2 tablets__**

___ **Advil (ibuprofen) 200 mg -- 1 tablet__ 2 tablets__**

My child has my informed consent to receive the above medications as indicated while attending MYFGA Winter Camp.

Parent/Guardian Signature: _____ **Date:** _____

Camper Name: _____

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Parent Information Page

PLEASE KEEP – DO NOT RETURN WITH APPLICATION

After all forms are received, you will receive a confirmation email within one week.

INFORMATION TO REMEMBER:

Ages 8 - 15. Groups will be separated by age. **The cost is \$70.**

Saturday, February 5th through Sunday, February 6th.

The bus will be at the Lewis S. Libby School in Milford for both drop-off & pick-up
Drop-off from 7:15 - 7:30 am Pick-up at approx. 4:30 pm

Please keep in mind that MYFGA Winter Camp is an outdoor recreational opportunity in which campers will learn valuable outdoor skills while participating in a wide variety of physical activities.

These may include ice fishing, snowshoeing, snow games, and basic winter survival.

Campers are expected to participate with their group, within their capabilities in the activities mentioned above as well as other activities requiring physical effort, focus, and attention to direction.

Please share any known restrictions that may hinder participation in these activities, including any needed physical assistance that may be required to perform routine tasks. During our daily activities, MYFGA will strive to maintain a 1:8 camper/staff ratio.

Please remember that campers will participate in all activities, “snow or shine”, please bring a change of winter clothing (hat, gloves, socks, snow pants, etc.), water, snacks, and a lunch. MYFGA will provide warm drinks to campers throughout the day.

On the chance of dangerous travel weather, you will receive an email during the week prior to camp with more information.

Medication Policy:

Only required prescription medications should be sent to camp with your child. They must be in the original container with ONLY the correct dosage. Medication that needs to be administered at camp must be approved by the Camp Director prior to camp. Medication dropped off with campers that was not previously approved will not be administered to your child without a written note signed by a parent or guardian.

Please do not send any over the counter medications including Tylenol (acetaminophen), Advil (ibuprofen), or allergy medications.

If your child requires any type of medication during the day at camp, please contact our Camp Director, Adam Regan, at adam.regan@maineyouthfishandgame.org or (207) 852-6398

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Code of Conduct

The following guidelines are designed to make the MYFGA winter camp experience safe and enjoyable for everyone involved. This means that all participants - campers, counselors, presenters, and staff - shall respect the individual rights, safety, and property of others.

We ask that all campers and their parent/guardian read, agree to, and sign the following code of conduct. If a camper does not, or is not able to follow this code of conduct and cannot be redirected or remain safe to themselves and those around them, the parent or guardian will be called to come to camp to pick up their child, and they will be asked NOT to return and a refund will NOT be issued.

* **There is a ZERO tolerance policy on bullying.** We strive to provide a safe, educational, and enjoyable experience for all campers of all abilities. Counselors and staff are trained in group behavior and will enforce this policy if any camper is found to be bullying another child in any manner.

* All campers are expected to stay with their assigned groups for the duration of camp, participate in daily activities, and to comply with camp rules and safety regulations.

* There will be no electronics used at camp. **Please leave all cell phones, iPods, MP3 players, kindles, etc., at home.** In the event of an emergency, or if the camper needs to make contact with home, the Camp Director and staff members have all necessary contact information and will contact parents/guardians.

* Obscene and discriminatory language, unnecessary roughhousing, and disrespect to other campers, staff, volunteer presenters, or camp property will not be allowed.

* The possession of alcohol, non-prescribed medication, knives, firearms, or weapons from home is not permitted. We will provide all firearms, archery, and knife safety equipment as needed.

* Campers who do not abide by our Code of Conduct may face expulsion from camp, at the discretion of MYFGA.

After reading through the Code of Conduct with your camper, please sign the Code of Conduct acceptance section of the application.

If you have any questions or concerns, please do not hesitate to contact the Camp Director

Adam Regan at adam.regan@maineyouthfishandgame.org

or (207) 852-6398. He checks messages multiple times daily and will have his cell phone available each day at camp if either a camper needs to contact a parent or a parent needs to contact their child or himself.