New York State Grange Camp

July 19 – 24, 2020

Camp will be held at:

Camp Wyomoco
2780 Buffalo Road
Varysburg, NY 14167
(20 miles south of Batavia in Wyoming County)

$275 per Camper

Registration:  Sunday, July 19, 2020, from 1:00 – 3:00 p.m.

Please contact Ryan at (845) 594-3431 or Sherri at (315) 380-2294 if you anticipate arriving later than 3:00 p.m.

Pick up:  Friday, July 24, 2020, at 5:00 p.m.

Sign Out Procedure:

1)  Report to the Camp Office first to sign out your camper.
   a.  Photo ID must be presented to pick up your camper.
   b.  Any person(s) picking up campers must be listed on the Camper(s) registration
2)  Check with Camp Nurse to collect any medication
3)  Receive a “Golden Ticket” to be presented to the Counselor in the cabin

To send mail to your camper:

Camper Name
Camper’s Cabin (if you know it at the time of the mailing)
4-H Camp Wyomoco
2780 Buffalo Road
Varysburg, NY 14167
BEFORE YOU SUBMIT FORMS, HAVE YOU...

.....1) Attached your camper’s PHOTO?

.....2) Attached a copy of your camper’s IMMUNIZATION RECORDS?

.....3) Read and signed the CODE OF CONDUCT along with your camper(s)?

.....4) Signed each place a PARENT SIGNATURE is required?

.....5) Completed the MEDICAL AUTHORIZATION?

.....6) Had a Health Care Provider fill out the MEDICATION SECTION?
### Grange Camp 2020

**CAMP REGISTRATION FORM**

<table>
<thead>
<tr>
<th>Camper</th>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
</tr>
</thead>
</table>

**Check one**  
- [ ] Male  
- [ ] Female  

**Date of Birth** ____________________________

**Home Address** ________________________________

**City** ______________________  **State** __________  **Zip** __________

**Mailing Address** (if different) ________________________________

**City** ______________________  **State** __________  **Zip** __________

**Parent’s/Guardian’s Name** ________________________________

**Home Phone #** (include area code) ________________________________

**Cell Phone #** ________________________________

**Work #** ________________________________

**E-mail** ________________________________

**Grange Name & Number** ________________________________

**Emergency Contact Name** ________________________________

**Phone Number** (include area code) ________________________________

**Dietary:**  
- Regular Diet  
- Vegetarian Diet  
- Special Food Needs

**Please describe any special food needs here** ________________________________

---

I give permission for photographs to be taken during the camp experience to be used for promotional purposes.

- [ ] Yes  
- [ ] No

Please note, NO SIGNATURE INDICATES CONSENT.
Deadline for Registration: JUNE 1, 2020

- Registration form must be completed in order to be registered for Camp and must be postmarked on or before June 1, 2020.
- $50.00 down payment due with registration, remainder must be paid at registration (if not paid prior to registration).
- $35.00 bounced/returned check fee will be billed.
- If the camper is registering after June 1, a late fee of $25.00 will be added to the registration cost.

Camp cost per camper: $275.00

Amount paid with registration: $_________

(Minimum $50.00 non-refundable deposit)

Balance Due: $_________

Make Checks Payable to New York State Grange Camp

Mail form & payment to:
Sherri Taft, Co-Camp Director
New York State Grange
12544 Ira Station Road
Cato, New York 13033

Any questions, please contact:
Sherri Taft at (315) 380-2294 or email: kidsbreak1@yahoo.com
Ryan Orton at (845) 594-3431 or email: rorton808@yahoo.com
Parent or Guardian – please **print or type** all information clearly. Please fill out both sides of the form. This information is important in the event of an accident at Camp! Your child may not receive necessary and timely treatment without it.

**Parent Name _______________________ Phone # __________________ Alternate Phone __________________**

**Permission to Provide Necessary Treatment or Emergency Care** (Please Read Carefully):

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and 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 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. **Note:** Camp Health Insurance provides secondary coverage only. The parent/guardian insurance carrier will be billed first for all accidents and illnesses at camp.

**Parent/Guardian Signature:** Your child **will not** be admitted to Camp without this signature.

**Emergency Contact** (If parents CANNOT be reached) Name __________________________ Phone __________________________

Restrictions at camp; please list: ____________________________________________________________

**Insurance Information** (Your child will **not** be admitted to Camp without this information.)

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

If so, indicate carrier or plan name.________________________________________________________ Group No. __________________________

Name of insured __________________________________________________________ Relationship to camper________________________

Policy holder insurance ID No. ____________________________________, Medicaid Number________________________

**Immunizations:** You must supply all immunization information, including dates, for Camper to be admitted to Camp.

<table>
<thead>
<tr>
<th>Vaccine For:</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP (tetanus/diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenza B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Campers last physical exam:** ____________________________

The Camper must have had a physical exam no more than two years before the Camp Session for which they are registering.

**Name of Family Physician ______________________ Phone ______________________

**Address______________________________________________________________**
Name of Family Dentist/Orthodontist_______________________________________________________________
Phone ________________________Address_________________________________________________________

CAMPER GENERAL HEALTH:
Explain any pertinent mental, emotional, or social issues that Camp Staff should be aware of:
______________________________________________________________________________________________

______________________________________________________________________________________________

Allergies (list all known): Describe reaction and management of the reaction:
Medication allergies (list all)__________________________________________________________________
Food Allergies (list all)_______________________________________________________________________
Other allergies (list all)______________________________________________________________________

Medications to be taken at Camp:
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 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 medication as follows: (attach additional pages for more medications)

PARENT AUTHORIZATION REQUIRED (Epi-pens, inhalers, sunscreen, and insect repellant):
Has camper been trained in the proper use of the inhaler or epi-pen? _____Yes _____No _____N/A
Parental consent for child to keep inhaler or epi-pen? _____Yes _____No _____N/A
Parental consent for child to apply sunscreen and insect repellent: _____Yes _____No

PHYSICIAN’S STANDING ORDERS FOR THIS CAMPER – Health Care Provider MUST fill out and sign
Date__________________________ Patient/Camper_________________________________________
Diagnosis________________________________________________________________________________

<table>
<thead>
<tr>
<th>Drug</th>
<th>Acetaminophen</th>
<th>Ibuprofen</th>
<th>Pepto Bismol</th>
<th>Benadryl</th>
<th>Maalox</th>
<th>Imodium</th>
<th>Cough Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permission to Administer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dosage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:_____________________________________________________________________________________

Prescription Medications: (Please complete with Camper’s current regimen of scheduled medications, including inhalers. Attach additional page if needed.) All medications sent to Camp MUST be in their original containers including inhalers, which must come in their prescription labeled box. No pill boxes or unlabeled containers will be accepted.

NOTE: Prescription meds will only be administered as per the prescription label instructions.

Prescription Medication: (please list)_____________________________________________________________________

______________________________________________________________________________________________

Health Care Provider Signature and Date Parent/Guardian Signature and Date
CAMPER CODE OF CONDUCT
(To be completed by Parent & Camper)

At Grange Camp & 4-H Camp Wyomoco, we want every Camper to have the best week of summer possible full of fun, learning, and growth. To ensure that we maintain a safe environment and each Camper is free to experience Camp life to its fullest, we will not tolerate any behavior that takes that opportunity away from other Campers. We will address all incidents such as bullying and irresponsible behavior seriously, and we will train our staff to recognize and deal effectively with such behavior. As a Camp family, you should understand that Camp is for ALL Campers, and any behavior deemed to be outside the Camper Code of Conduct and/or unmanageable may result in any or all of the following:

1. Meeting with the Cabin Counselor and/or Camp Co-Directors.
2. Telephone call home to discuss the behavior.
3. Dismissal from the Camp program and sent home.

Please Read Carefully & Check All Boxes if you Agree:

☐ I will show respect to other campers and treat them as I would like to be treated with respect and courtesy.
☐ I will refrain from taking part in or leading any bullying, harassment, name-calling, unwanted teasing, unkind behaviors, or exclusion of others from Camp activities. I will have fun, but not at the expense of others.
☐ I will show respect to Camp Staff and follow their instructions.
☐ I will communicate in an appropriate manner, which means that I will not use foul language, gestures, harsh words, or slurs of any kind.
☐ I will participate in all Camp activities and be where I am supposed to be at all times.
☐ I will refrain from deliberately causing bodily harm to other Campers or Staff. I understand that pushing, hitting, kicking, and fighting are not acceptable behaviors and will not be tolerated.
☐ I will respect the property of others and Camp, which includes no stealing, property damage, graffiti or vandalism.
☐ I will remember that physical displays of affection or of a romantic nature are not Camp appropriate under any circumstances.
☐ I will not bring cell phones or other electronic devices that could take away from the Camp experience.*
☐ I will know and follow the rules of Camp.
☐ I will be responsible for my own actions and understand that failure to follow this code of conduct could result in dismissal from Camp.
☐ I will have fun, learn, grow, make new friends, and have a great time at Camp.
☐ I understand that the following are banned from Camp property and that I may not possess any of these while at camp. I further understand that Grange Camp & 4-H Camp Wyomoco has a NO TOLERANCE policy toward contraband at Camp and that I will be sent home if I am found in possession of any these items: cell phones, electronics, laptops, DVD players, weapons of any kind, lighters, matches or any other flammable items, recreational drugs, e-cigarettes of any type, alcohol, and or tobacco of any type (including smoked or chewed).

*CELL PHONES: Grange Camp & Camp Wyomoco do not allow Campers to bring cell phones into camp. As noted above, possession of cell phones during camp is a violation of the Camper Code of Conduct and will be treated as such.

CAMPER — As a Camper, I agree to follow the Code of Conduct. I understand that behavior outside of this Code of Conduct may result in my dismissal from camp.

Camper Signature: ____________________________________________ Date: ________________

PARENTS/GUARDIANS — As a Parent/Guardian, I agree to the above Code of Conduct. I have reviewed this Code of Conduct with my child. I understand that behavior deemed to be outside of this Code of Conduct may result in dismissal from camp, and that all Camp payments are subject to the Camp Refund Policy.

Parent Signature: ____________________________________________ Date: ________________
Campers can look forward to enjoying the following activities at Camp

<table>
<thead>
<tr>
<th>Leadership Activities</th>
<th>Arts &amp; Crafts</th>
<th>Sign Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Games/Sports</td>
<td>Swimming/Boating</td>
<td>Hiking</td>
</tr>
<tr>
<td>Creek Walk</td>
<td>Rocketry</td>
<td>Olympics</td>
</tr>
<tr>
<td>Horseback Riding</td>
<td>Archery/Fencing</td>
<td>Baking</td>
</tr>
</tbody>
</table>

**What Campers Should Bring**

*Suggested for Camper:* Please label all items with Camper's name. Double starred items (**) are essential to bring.

*Please Note:* It can get COLD at Camp at night, even in the summer! Please bring extra blankets!

**Clothing**

- Shorts
- Jeans
- Heavy jacket or sweater**
- Raincoat or Poncho
- T-Shirts
- Sneakers and/or boots
- Pajamas
- Socks and underwear
- Water shoes**
- Water bottle**
- Bathing suit
- Sandals with heel strap

Boots with a closed toe and a ½ inch or higher heel, additional long pants, raincoat for horseback riding.

Everyone should have at least one pair of long pants for hiking.

If you have them, bring two bathing suits and an extra pair of old shoes or sneakers.

Be sure to bring an ample supply of socks. All campers are encouraged to wear socks!

Bring extra glasses or contacts as needed.

**Toilet Articles** **

- Bath Towel
- Soap in a soapbox
- Comb or brush
- Deodorant
- Wash cloth
- Toothbrush and paste
- Shampoo
- Beach Towel
- Shower sandals
- Plastic shower tote

Try to bring unscented toilet articles. The bugs at camp really enjoy scented soaps and shampoos; don't encourage them to bother you!

**Camp Life Items**

- Insect Repellent *(non-aerosol)*
- Sunscreen *(non-aerosol)*
- Camera *(optional; no cell phones)*
- Pillow & Pillow Case
- Flashlight *(extra batteries)*
- Bag for dirty clothes
- Notebook and pencil
- Sleeping bag or bedding**
- Single bed fitted sheet for bunk
- Backpack
- Extra Blankets *(it gets cold at night!)*

**Other Options**

Nice “Dressier” clothes for dance *(ex. a sundress for girls, or polo shirt for boys; dance is not formal)* ~ Travel Games

**LOST AND FOUND:** Please contact the Camp Office if you have a lost item. The Camp will not be responsible if there is a cost associated with returning items. Any unclaimed items will be donated at the end of the Camp season.

**Things you may NOT bring to Camp**
Cell Phones, laptops, computers, tablets, DVD players, any electronic device that connects to the internet, lighters, any open flames, weapons of any kind including but not limited to knives, guns, BB guns, sling shots, etc., alcohol, recreational drugs, tobacco products (both smoked and chewed), E-cigarettes of any kind. Also, do not bring spray cans, expensive cameras, lanterns (unless battery operated), expensive or sentimentally valued jewelry, or fans.