

2019 QUAKER KNOLL

Jr / Jr High Camp	June 10-14
Day Camp	June 17-21
Beginner Camp	June 19-21
Sr High Camp	June 24-28

DAY CAMP: JUNE 17-21

Age range: 4 years old to entering Grade 2

Drop Off Time: 9:00 a.m. on Monday,
10:00 a.m. on Tuesday – Friday

Pick Up Time: 5:00 p.m. Daily

Cost: \$80 before May 14
\$95 after May 14

JUNIOR HIGH CAMP: JUNE 10-14

Age Range: entering Grades 7 & 8

Drop Off Time: 2:00 p.m. on June 10

Pick Up Time: 10 a.m. on June 14

Cost: \$160 before May 14
\$175 after May 14

BEGINNER CAMP: JUNE 19-21

Age Range: Entering Grades 3 & 4

Drop Off Time: 9 a.m. on June 17

Pick Up Time: 5 p.m. on June 21

Cost: \$80 before May 14
\$95 after May 14

*Add \$20 if your Beginner Camper also wishes
to attend Day Camp.*

SENIOR HIGH CAMP: JUNE 24-28

Age Range: Entering Grade 9 - college

Drop Off Time: 2:00 p.m. on June 24

Pick Up Time: 10:00 a.m. on June 28

Cost: \$180 before May 14
\$195 after May 14

What to Bring:

Bible, notebook, sleeping bag or bed roll,
pillow, clothes for hot days, cool nights,
& tennis shoes for outdoor activities
(hiking, campfire), extra shoes to keep
feet dry, swimsuit (no two piece).
Directors may contact campers
concerning specific items.

Register on or before May 14 for discounted rate.

Checks should be made out to "Wilmington Yearly Meeting" with "QK Camp" written in the *Memo* line.
Send completed form and fees to the following address:

Wilmington Yearly Meeting, 1870 Quaker Way, Box 1194, Wilmington, OH 45177

Note: Cancellations receive a full refund if the Yearly Meeting Office is notified one week in advance of camp. Otherwise, the registration fee will be kept. All camp fees must be paid in full by check-in time. We encourage families and Monthly Meetings to pay fees at least one week prior to camp. The camp picture and t-shirt are included in the cost of registration.

Quaker Knoll is 7 miles southwest of Wilmington, OH, off State Route 730 by Cowan Lake. The address is 675 Sprague Rd, Wilmington, OH 45177. Emergency calls may be placed to the camp at (937) 382-5241 or to the Yearly Meeting Office at (937) 382-2491.

2019 QUAKER KNOLL CAMP
REGISTRATION FORM

Camper's Name _____ Age _____ Sex _____

Camp Attending _____ Grade (2019-2020) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business/Cell Phone _____

Home Meeting/Church _____

Email address _____

T-Shirt Size Youth: S M L Adult: S M L XL

Special diet needs:

2019 Quaker Knoll Camping Program Code of Conduct

- ❖ Everyone is expected to follow the guidelines. Failure to do so will result in disciplinary action.
- ❖ If you need to be gone at any time during the event, to work or for other obligations, you need to arrange your schedule in advance with the director. You must sign out a sign in when leaving and returning.
- ❖ You will respect all other participants and their property, as well as the property of the Quaker Knoll facility.
- ❖ At lights out, you will be in your own room/cabin.
- ❖ Your attendance is expected at all sessions during camp unless exempted by the director.
- ❖ You are expected to clean up your own room/cabin and leave furniture arranged as found.
- ❖ If you are taking prescription drugs of any kind, you must report this to the director. When a nurse is present, all medicines are to be given to the nurse.
- ❖ It is not acceptable during camp to perform bodily alterations such as piercing, tattooing, hair coloring/cutting, or any other major variations.
- ❖ Do not bring personal food, gum, or drinks.
- ❖ Use of electronic items such as cell phones and iPods will be permitted at the discretion of the director. Please contact the director of your camp if you have any questions.
- ❖ Footwear is required on the campgrounds.
- ❖ You must report any illness or injury to the director of your camp.
- ❖ Any public use of media should reflect Christian values.

- ❖ *Absolutes for which the disciplinary action will be sending you home:*
- ❖ You may not possess any tobacco products, any alcohol, any non-prescription drug, any weapons such as knives or firearms, or any fireworks.
- ❖ Sleeping areas are off-limits to members of the opposite sex.

I have read the above Code of Conduct and agree to follow it while at Quaker Knoll Camp.

Printed Name of Participant

Signed Name of Participant & Date

Printed Name of Parent/Guardian

Signed Name of Parent/Guardian & Date

Parent's /Guardian's Emergency Contact Information (home, work, & cell numbers)

I hereby give permission for (name of camper)

to participate in the swimming program a to be transported from camp.

I hereby give permission for photographs, video, articles, statements, names, music, or art by my child or myself to be used in promoting any WYM activity or related activity.

Signature of Parent/Guardian

Date

2019 Quaker Knoll Camping Program Medical Form

For children under the age of 18 – required for their participation in any program

Child's Name _____ Date of Birth _____

Present Medications _____

Relevant Medical History _____

Food or Drug Allergies _____

Date of Last Tetanus Shot _____ Insurance Co _____

Policyholder's Name _____ Policyholder's DOB _____

Policy # _____ If an HMO, Phone # _____

Please include a copy of the current medical card.

Family Doctor _____ Phone # _____

Medical Release Form

I give the staff and its volunteers permission to obtain emergency help for me or my child named on this form. I hereby release Wilmington Yearly Meeting, its staff, and volunteers from liability for any injury or illness that I or my child may sustain during the activities planned. I will be responsible for costs incurred for any medical treatment. In the event that I or my child need(s) special medications and cannot administer them, I give my permission for an adult staff member or volunteer to administer the medication.

In case of emergency, I authorize the Camp Director to consent to any emergency X-ray exam, medical, surgical, or dental diagnosis or treatment recommended by qualified medical personnel on my behalf for my child during the event. I agree not to hold Wilmington Yearly Meeting and its boards responsible for accidents. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Emergency Contacts

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

2019 Quaker Knoll Camping Program Permission to Treat

I, (parent name) _____, hereby give permission for Quaker Knoll Camp to administer to my child (name) _____ the following over-the-counter medication if the nurse deems it necessary. Dosages will be administered according to the directions on the bottle.

Headache: Tylenol

Upset stomach: Pepto Bismol

Menstrual Cramps: Ibuprofen

Diarrhea: Imodium A.D

Poison Ivy: Calamine Lotion or CortAid

If you do not give permission for any of the above treatment, please mark through and indicate what treatment is preferred. Please send the preferred medication with your camper. Be sure that the camper's name is on the medication. Unused medication will be returned at the end of camp.

I hereby give permission to the camp nurse to

- Dispense medication from home and provide first aid including medication as indicated above.
- Transport persons to the next level of medical care if required, and provide emergency treatment when parent or guardian cannot be reached,
- Authorize x-rays and routine tests and treatment,
- Release any records necessary for insurance purposes.

I hereby give permission to the physician to administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips off campus.

Signature of Parent or Guardian

Date

MEDICATIONS

Name of drug _____

How Taken _____

Name of drug _____

How Taken _____