



Helen Brachman – Winter Camp Registration | 2019

The fee for winter camp is \$60 per camper. Scholarships are available.
A \$20 non-refundable commitment fee deposit is required for every camper.

Complete & return this form along with the \$20 non-refundable commitment fee to secure a space.

Camper's Name: _____

Date of Birth: ___/___/___ Age 1st day of camp: _____ Gender: _____ Current Grade in School: _____

School Currently Attending: _____ Has camper attended CHB previously? Yes No

Cabin-mate Request: _____ Siblings/Relatives Attending: _____

(We will do our best to honor all cabin-mate requests but they are not always possible. Thank you in advance for your understanding if we are not able to honor yours.)

Camper's Race & Ethnic Identities:

- Please check one:** Hispanic/Latino Not Hispanic/Latino
- Please check as many as apply to your camper:** American Indian or Alaskan Native Asian
- Black or African American Native Hawaiian or Other Pacific Islander White

Name of Parent or Guardian camper lives with: _____

Address _____ City _____ State _____ Zip Code _____

Cell: _____ Work: _____ Home (if different): _____

Email Address: _____

Emergency Contacts (only used if parent/guardian listed above cannot be reached):

Name: _____ Relationship to Camper: _____

Cell phone: _____ Home phone (if different than cell): _____

Name: _____ Relationship to Camper: _____

Cell phone: _____ Home phone (if different than cell): _____

Payments & Scholarships:

- I am paying the full fee of \$60 for the child listed above.
- I need scholarship assistance (Income verification is required – a copy of 1040 tax form filed or recent paystub.)
Household Annual Gross Income: _____ (Amount before taxes and deductions taken.)
Number of people (including self) in household _____
How much do you feel you can afford to pay toward the \$60 camp fee? \$ _____
- I am paying the \$20 deposit now and will pay the remaining balance by Friday, December 6th, 2019.
- The 16 or 17-year-old youth listed above would like to participate for \$20 as a CIT (Counselor in Training.)*
- I am a COA staff member; I would like to do payroll deduction for the camper listed above.

**\$20 registration fee due upon acceptance to the CIT program.*

Mail or drop-off registration/health form & payment to:

CHB Camp Registrar
COA Youth & Family Centers | 909 E. Garfield Avenue | Milwaukee, WI 53212

Direct office line: (414) 290-7905 | email: lwoodruff@coa-yfc.org

REGISTRATION CLOSES: Sunday, December 1st, 2019.

Registration must include at least the \$20 deposit.

Final payments and income verification are due no later than Friday, December 6th, 2019



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Health History Information

Name of Camper: _____

Allergies: No known allergies This camper is allergic to: Food Medicine The Environment (insect stings, hay fever, etc.) Other: Please list _____
Please describe below what specifically the camper is allergic to and the reaction seen.

Diet, Nutrition: This camper eats a regular diet with no restrictions This camper eats a vegetarian diet This camper eats a vegan diet This camper is lactose intolerant This camper is gluten intolerant Please list any other dietary restrictions:

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: _____
Please list any other condition requiring treatment, restriction or other accommodation while on site: _____

Medication: “Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins, natural remedies & over the counter drugs. ANY medication to be administered at camp **MUST** be in the original container with pharmacy label that shows the camper’s name and how the medication should be given. Please remember to provide enough of each medication to last the entire time the camper will be at camp. Additional medication forms available if more than 3 taken.

- This camper will **NOT** take any medications while attending camp.
- This camper **WILL** take the following medications while at camp as indicated below.

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How is it given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

Immunization Information:

- This camper is fully up to date with all immunizations.
- This camper is NOT fully immunized. If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Please list here (or attach separate sheet) anything else we should know about your child to help us provide the best possible camp experience: _____

Permission/Authorization: 1) I attest that all information provided on this form is true & accurate to the best of my knowledge. 2) I give permission for my child listed above to participate in Winter Camp at Camp Helen Brachman. 3) In the event of an emergency, I give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injections, anesthesia and/or surgery for my child named above. 4) I also give permission for the camp health staff to administer over the counter medications as needed. 5) Additionally, I give my permission to COA, its partners, employees, licensees, and agents to use photographs or video of my child in publicizing and promoting the agency’s work.

Signature of Parent/Guardian: _____ Date Signed: _____