

# MYFGA 2010 Summer Camp Application

Please mail these forms, along with a current copy of an UPDATED PHYSICAL or PHYSICIAN'S FORM (included) to:  
*Maine Youth Fish and Game Association, PO Box 337, Stillwater, ME 04489*  
Questions? Contact our Camp Director ([jdotyleo@gmail.com](mailto:jdotyleo@gmail.com)) or visit our website: [www.maineyouthfishandgame.org](http://www.maineyouthfishandgame.org)

## CAMPER INFORMATION

**Camper's Name** \_\_\_\_\_ Preferred Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp \_\_\_\_\_  
**Parent/Guardian 1** \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
**Parent/Guardian 2** \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Siblings? Names/Ages \_\_\_\_\_

**T-Shirt size:** Child Small    Child Medium    Child Large    Adult Small    Adult Medium    Adult Large    Adult XL

## OTHER CARETAKERS: EMERGENCY CONTACTS, INVOLVED WITH PICKUP, DROPOFF, ETC.

**Name 1** \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
**Name 2** \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_

## CAMPER SUMMER INFORMATION (IF DIFFERENT THAN ABOVE):

**Summer Guardian(s)** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## OTHER PERTINENT INFORMATION:

Please list any other information here that we may need to know regarding the family's contact information, or dropoff/pickup permissions.

Registration for RETURNING campers and MYFGA members begins NOW!  
We will be accepting NEW camper registrations beginning March 30<sup>th</sup>!  
Registrations will close when we have reached capacity, and **no later than June 12<sup>th</sup>**.

Please note that we have a FIRM due date of June 12th for all camp applications.

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## COSTS & SCHEDULE

The Maine Youth Fish and Game Association is proud to offer year-round programs for families, schools, and organizations throughout the state of Maine. Our summer camp program is available for 8-15 year olds, held at our camp nestled in the woods on picturesque Pickerel Pond, located just 11 miles outside of Old Town, ME.

*Dates listed below are tentative based on school snow days so far. Final dates will be announced by mid-April.*

**SESSION 1 (ages 8-11 years): June 21<sup>st</sup> - 25<sup>th</sup>**  \$75

Session 1 follows a consistent daily schedule: Old Town Elementary School: Bus pickup at 7:45 AM, drop-off at 4:45 PM  
Milford Elementary School: Bus pickup at 7:55 AM, drop-off at 4:30 PM

**SESSION 2 (ages 12-15 years): June 25<sup>th</sup> - 30<sup>th</sup>**  \$125

Session 2 begins Friday the 25<sup>th</sup> with a weekend overnight: Old Town Elementary: Bus pickup at 3:45 PM, drop-off Sunday at 9:30 AM  
Milford Elementary: Bus pickup at 4 PM, drop-off Sunday at 9:15 AM  
Session 2 also includes three days (Monday June 28<sup>th</sup> - Wed. 30<sup>th</sup>): Old Town Elementary School: Bus pickup at 7:45 AM, drop-off at 4:45 PM  
Milford Elementary School: Bus pickup at 7:55 AM, drop-off at 4:30 PM

*Price for each week INCLUDES transportation AND a BBQ on the last day for campers and their sponsors.*

*Campers will bring their own lunch each day.*

*Once all forms are received, a letter will be sent home confirming the camper's registration, and providing additional details regarding schedule, what to bring, and (for Session 2) the weekend overnight.*

## CAMPERSHIPS - FINANCIAL AID

Camperships are available to help families with the cost of camp and are awarded based on demonstrated financial need. If you would like to be considered for assistance, please fill out this section.

**YES, I would like information on campership assistance. Please contact me as follows:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## ABOUT MYFGA

The MYFGA is a private, non-profit 501c(3) organization. We are able to keep our camper fee for summer camp attainable for most families through the generosity of countless hours of volunteer support and generous donations from the community. **If you are interested in contributing to this worthwhile opportunity for our youth**, please contact our camp director (jdotyleo@gmail.com). Thank you for your interest!

## CAMPER ASSESSMENT (from parent/guardian)

As you complete this section, please keep in mind that MYFGA Summer Camp is a recreational opportunity in which campers will learn valuable outdoor skills while participating in a wide variety of activities. These opportunities may include but are not limited to boating, fishing, swimming, firearm safety, hiking, and archery, as well as daily special events. During each of these activities, we will generally provide a minimum of a 1:8 staff to camper ratio. Please take a moment to help us ensure a positive experience for your camper by carefully answering all of the questions below. Feel free to attach pages if you need more space.

Camper Name: \_\_\_\_\_

Campers will be expected to participate, within their capabilities, in the activities mentioned above, and other activities requiring physical effort, focus, and attention to directions. Please discuss any known restrictions that may hinder their participation in these activities, including any physical assistance needed to perform routine tasks:

Please check one of the following:

- I feel comfortable that my camper will be adequately supervised with a 1:8 staff/camper ratio  
 I feel, at certain times, a 1:8 ratio will NOT be adequate supervision  
 I feel my camper is in need of close supervision for safety, behavior, and/or personal care

Please provide details related to your choice above:

Please describe any social/behavioral concerns, and strategies you recommend for managing the camper's behavior.

What goals would you like to see this camper accomplish while attending our program?

What other information can you share to help make MYFGA summer camp a successful experience for this camper?

## Photo/Video Permission

I give permission for photographs and/or video of my camper to be used in newspaper, website, and other media to share camp activities with the community and promote the camp.

**Parent Signature:** \_\_\_\_\_

Please note that we have a FIRM due date of June 12th for all camp applications.

# MYFGA 2010 Summer Camp Application

## Health Examination for MYFGA Camp

Camper's Name \_\_\_\_\_

DOB \_\_\_\_\_ Gender **M / F** 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.**

**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 on our form, and note any minor changes here:**

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### Physician's Assessment (page 1 of 2)

**Note to examining physician:** This applicant will be participating in activities such as boating, hiking, and physical recreation. Since it may be necessary for a physician to see this applicant during his/her stay, 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!**

The applicant is under care of the physician for the following condition(s):

I have examined the applicant with 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	Year of Basic Immunizations	Year of Last Booster
Diphtheria		
DPT		
Tetanus		
Oral Polio		
MMR		
Hepatitis Series:	1 <sup>st</sup> immunization	
	2 <sup>nd</sup> immunization	
	3 <sup>rd</sup> immunization	

#### 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 _____
Ivy poisoning _____	Penicillin _____

# MYFGA 2010 Summer Camp Application

Physician's Assessment (page 2 of 2) for: \_\_\_\_\_ (name of camper)

Allergies? (latex, food, etc.) \_\_\_\_\_

Surgeries or serious injuries? (dates): \_\_\_\_\_

Disability or chronic recurring illness? \_\_\_\_\_

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

Please explain any reported loss of consciousness, convulsion, 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 (PLEASE SEND INSTRUCTIONS)


Any medically prescribed meal plan or dietary restrictions? \_\_\_\_\_

Additional Health Information: Will there be any other things the camp will need to address or which the camp should be aware of?

\_\_\_\_\_

Restrictions on participation: \_\_\_\_\_

\_\_\_\_\_

In my opinion, the above person/s condition **does / does not** (circle one) preclude this camper's participation in a reasonably active camp program.

\*\*Licensed Physician's Signature: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Phone #: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Please return form to: MYFGA Summer Camp – PO Box 337 – Stillwater, ME 04489

Questions? Write to our Camp Director ([jdotyleo@gmail.com](mailto:jdotyleo@gmail.com))

**Thank you** for taking the time to help this camper have a positive summer camp experience!