

**REGISTRATION INFORMATION FOR PARENTS/GRANDPARENTS ATTENDING
CAMP:**



1) THANK YOU for registering to attend summer camp at INNABAH! We are looking forward to sharing in your camping experience this summer. Please **READ CAREFULLY** the information in this letter and keep it in a safe place. A **CHECKLIST** of what to bring with you to camp is on the other side of this letter.

2) REGISTRATION will begin at **3:00 p.m. in the Dining Hall or Bethany Lodge** on the first day of your scheduled camp watch for signs directing you to registration. Please plan to arrive between 3pm and 4pm for registration. **Early registration is not permitted. Please Note Event #392 starts on Monday July 5th.**

Balance Payment : If you have not paid your balance, **you must** do so at registration.

Bring these **COMPLETED** Forms: (please note your grandchild/child will have different paperwork)

Adult Health History

Adult Video Release

Authorization of Medication Administration (If bringing **any** medication to camp - either over the counter or prescription medications).

3) CAMP STORE: will be **OPEN** during registration and check-out times. It is encouraged to make purchases of higher price and those requiring correct sizing at these times. Funds should be deposited into a store account in your name during registration. All purchases are normally made during your camp session with your store card, however we will accept cash during your visit. **Any unspent money will be donated to the Love Offering.**

5) CAMP PHOTO/DVD's: You may choose to purchase an 8 x 10 color photo of your camp at a cost of \$6.00 each. Camp DVD's will be available for \$10.00. You must order and pay for these at registration. You should receive the photo and/or dvd before you leave camp.

6) MAIL: Campers will receive mail after the evening meal each day. Please write early as it usually takes 2 days for mail to arrive at camp. **PLEASE ADDRESS MAIL** as follows:

Camp Innabah

Camper's Complete Name

Name and # of Camp (example: Challenge 1 #361)

712 Pughtown Road, Spring City, PA 19475.

7) EMAIL and FAX: Your family members can email you a letter by sending e-mails to camp@innabah.org. **Please have them include your name and event number in the subject line and limit your e-mails to 2 per day.** Or they can fax you a letter. Our fax number is 610-469-0330.

8) VISITORS or PHONE CALLS: We discourage these as they disrupt the camping experience. In case of an emergency situation call or stop at the camp office and ask for the Director or the nurse on duty for the week and they will inform your camper of such a situation. Thank you for your understanding in this matter!

9) Checkout Time – Checkout is at 10:00AM at the conclusion of their event.

Thank you for your registration for Day Camp. We look forward to seeing you this summer. If you have any questions, feel free to call the office at 610-469-6111 or camp@innabah.org.

P.S. Don't forget the CHECKLIST on page 2!

WHAT TO BRING WITH YOU TO CAMP:

1) The following completed and signed forms:

- Adult Health History Form
- Authorization for Medication Form (Only if bringing any kind of medication to camp)
- Adult Video Release

2) Linens

- sleeping bag or sheets and blankets
- pillow
- towels and washcloth

3) Clothing and Footwear

- clothing for each day of camp, include extra socks (**appropriate** for a Christian Camp)
- jacket or sweatshirt
- rain gear
- hat
- two pair of old, sturdy shoes or sneakers and shoes to wear on creek hikes!
(sandals, flip-flops, & open shoes are for pool & showers only)
- bathing suit (**appropriate** for a Christian Camp. **PLEASE, no bikini's**)

4) Essential Items

- toothbrush, toothpaste, shampoo, soap, other necessary toiletry articles
- Bible
- sunglasses, sun block
- water bottle
- flashlight with extra batteries
- non-aerosol insect repellent
- notebook, pen, or pencil
- envelopes/postcards and stamps to send notes

THANK YOU for NOT BRINGING: Video Games, Cellular Phones/Beepers, Snack Foods, Personal First Aid Kits, Knives, or any inappropriate items that will take away from a great camper experience. (If any of these items are brought to camp they will be taken for safe keeping and returned to you at the end of your week.)

DIRECTIONS to INNABAH , 712 Pughtown Road, Spring City, PA 19475

Innabah is located in Chester County, East of Rt. 100 at Pughtown Rd, which is just South of Rt. 23

From the South, exit at the Downingtown interchange of the PA Turnpike(Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.

From the North, follow Route 100 South to Pughtown Rd. Turn Left onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.

From the East, exit at the Downingtown interchange of the PA Turnpike(Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.

From the West, exit at the Morgantown interchange of the PA Turnpike(Exit #298) and follow the signs for 23 East/10 south. Take 23 East – to 100 South (approx. 11 miles)

Turn Right on 100 South to Pughtown Rd (approx $\frac{3}{4}$ mile). Turn Left onto Pughtown Road. The camp entrance is $\frac{3}{4}$ of mile on the right.



Eastern PA Conference/United Methodist Church

ADULT HEALTH HISTORY FORM

(To be completed and signed by parent/guardian; please print or type all entries)

Completed form must be brought to camp -

PLEASE DO NOT MAIL

For Camp Use Only:

Camp # _____

Housing _____

GENERAL INFORMATION

NAME _____
(Last) (First) (MI)

Social Security # _____ DATE OF BIRTH _____ AGE _____ SEX: M ___ F ___ HEIGHT _____ WEIGHT _____

ADDRESS _____
(Street) (City, State, Zip)

HOME PHONE NUMBER (_____) _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE (_____) _____

PHYSICIAN'S NAME _____ PHONE NUMBER (_____) _____

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER

POLICY ID # _____ POLICY/GROUP # _____ POLICY HOLDER'S SSN

(This information is required since each person is covered by limited accident and medical insurance in excess of own insurance; **CAMP'S POLICY IS A SECONDARY POLICY.** PA state law prohibits duplicate payments.)

PLEASE NOTE THAT ALL MEDICATIONS WILL BE CHECKED BY THE CAMP HEALTH CARE SUPERVISOR UPON ARRIVAL.

The Health Care Staff will insure that medications are administered in accordance with physician's instructions. For these purposes, "Medication" is broadly defined to include prescription and non-prescription medications, home remedies, vitamins, inhalers, drops, and medicated creams. Limited types of common over the counter medications are available at each camp. We ask your full cooperation in this matter so that every camper's health and well being can be properly safeguarded. *Adult campers, staff and volunteers may take responsibility for their own medication, however you must adhere to policies regarding safeguarding medications.*

CERTIFICATION AND AUTHORIZATION ** IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE **

I certify that the information provided on both sides of the Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form why I should not participate in all camp activities. I take full responsibility for any medical problems (illness or injury) that occur as a result of my failure to disclose medical conditions, restrictions, or limitations. I understand the State of PA requirement that all campers be examined by the Health Care Staff on the day of registration and give my permission for the conduct of such an examination.

I _____ will participate in the activities associated with the summer camping program of the Eastern Pennsylvania Conference/United Methodist Church. Further, in the event of an illness or emergency, the Program Center Director or designee is authorized to act in my behalf in securing medical treatment for me.

Signature _____ Date _____

Page 2 of Health History Form

TO GIVE APPROPRIATE CARE TO THE CAMPER WHILE HERE AT CAMP, PLEASE COMPLETE THE FOLLOWING INFORMATION ACCURATELY - THANK YOU

DATE OF CAMPER'S LAST HEALTH EXAM _____ WERE ANY PROBLEMS NOTED AT THAT TIME? ___Yes ___No

SINCE THE CAMPER'S LAST HEALTH EXAM, HAS HE OR SHE HAD ANY OF THE BELOW:

- A serious injury requiring medical attention ___Yes ___No
Surgery or a fracture ___Yes ___No
A diagnosed infectious disease ___Yes ___No
Exposed to any communicable disease ___Yes ___No
**A physician's restriction in any physical activity ___Yes ___No
**Medication prescribed ___Yes ___No

PLEASE EXPLAIN : _____

** A physical examination may be required to participate in physically active camps. (See camper letter) NO Medication will be given without completed medication forms!

Is the camper currently under a physician's care for a medical problem? (Describe)

Are all immunizations up to date? ___Yes ___No Date of last Tetanus (DPT,DT,TT) Shot MUST be listed here _____

Has the camper ever had or now have any of the following medical problems?

- Asthma, Frequent ear Infections/cold /sore throats, Chicken Pox, HIV, TB, Diabetes, Bleeding/Clotting Disorder, Convulsions/Seizures, Heart Disease or Defect, Hypertension, Kidney Disease, Behavioral/Emotional Problems, Sickle Cell Disease, Other: Please explain : _____

Please check the following conditions that apply to the camper:

- Athlete's Foot/Ringworm, Bed Wetting, Sleepwalking, Special Diet, Fainting, Motion Sickness, Hearing Impairment, Ear Tubes, Wears Glasses/Contacts, Menstrual Cramps, Stomach Upsets, Homesickness, Nosebleeds, Constipation, Other Please explain : _____

Does the camper have any of the following allergies? (Please check and describe)

ALLERGIES: Describe Treatment

- Medications, Seasonal/Environmental, Insect Stings, Other

FOR CAMP USE ONLY: ON-SITE HEALTH EXAMINATION

General Health Condition:

Illnesses experienced or exposed to during preceding 30 days: _____

Recommendations and restrictions (activity, diet, etc): _____

Skin Lesions/Bruising: _____ Other _____

Signature of Examiner _____ Date _____



EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH
Camp Innabah, 712 Pughtown Road, Spring City, PA 19475

AUTHORIZATION FOR MEDICATION ADMINISTRATION

PLEASE NOTE: **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS MUST BE AUTHORIZED BY A PHYSICIAN/PROVIDER.** You may copy this form.

Child's Full Name _____

Reason for Medication(s) _____

If your camper must receive medication during his/her scheduled summer camping session, please complete this form and bring it along with the prescribed medication to camp with the camper. All medications and forms will be checked at camp registration on the start day of your camper's event. **NO Medication will be accepted unless his/her name is on the original prescription.** Campers using over the counter medications daily must have this form signed and brought to camp with the medication.

PRESCRIBING PHYSICIAN INFORMATION - I certify that it is imperative that the medication prescribed below be taken during this child's camping session.

(Physician's Name) _____ (Physician's Signature) _____ (Phone) _____ (Date) _____

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____

PARENT AUTHORIZATION

I, _____ give my consent to the Health Care
(Name of Parent/Guardian)
Staff to administer the above medication(s) to my child/camper _____
(Name of Camper)
during their time at Camp Innabah from _____ through _____
(Starting Date) (Closing Date)

(Signature of Parent/Guardian) _____ Date _____

THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY

- Permission form completed
- Date on label is current
- Inhaler and/or Epi-Pen w/ camper (either with individual or counselor)
- Safety type container
- OTC, original container and current
- Original prescription label
- Name of child is on label
- Name of drug, dose, & frequency of admin on label

(Health Care Staff Approval) _____



Innabah Photo/Video Release for Adults coming
to
Grandparents & Me / Parents & Me

Camper's Name _____

I give my permission for Innabah to:

Photograph/video tape me during this camp session for the weekly group photo and weekly camp dvd. Additionally, I may be photographed/ video taped for the purpose of promotion of camp and retreat ministries. This is including, but not limited to, newsletters, displays, Innabah websites, and Eastern PA UMC websites.

I do not give my permission for Innabah to:

- Photograph/Video tape me for promotional purposes.
- Photograph me for the weekly camp photo
- Photograph/Video tape me for the weekly dvd

My Signature _____

Printed Name _____

Check us out the web at:

[Www.innabah.org](http://www.innabah.org)

Or join us on Facebook at:

Camp Innabah Official Fan Page



Thank you for
supporting the
ministries at Innabah!

A United Methodist Church Camp
www.innabah.org, camp@innabah.org,
or 610-469-6111

Year Round Opportunities

- † Overnight Retreat Facilities available for rental
- † Day Retreats
- † Summer Camp for all ages! Birth-Adult
- † Day Camp – 3 Year olds - 5th Grade - Available 7:30AM-5:30PM depending on ages. Great discounts for more than one child registering for day camp!
- † Picnic Rentals - Pavilions for rent!
- † Gym Rental
- † Pre-school Days in the Fall – Free Hayrides and lunch. Call to be added to the mailing list.
- † Ways to Support Innabah: Pray for our ministries, Help us financially, Volunteer, Donate Items on our wish list, and more!

INNABAH WISH LIST

IMMEDIATE NEEDS

- ** Replace carpeting in Farmhouse/
Offices -\$8,000
- ** New Truck with PLOW!!!!!!!!!!!!!!!!!!!!
- ** New Walkways to Orchard and Sky Hill
- ** Bob Cat/Front End Loader/Etc

SUMMER 2010 NEEDS

- ** Volunteer nurses for check-in or the week!
- ** Volunteer counselors—must be 18
- ** Summer Staff—must be at least 16

IN THE NEAR FUTURE

- ** Finances to build 3 more cabins—
Approximately -\$22,000 a piece.
- ** Steam pots for the kitchen -\$?
- ** Financial gifts to assist with the budget

ANYTIME NEEDS

- ** Volunteer work groups
- ** Duct Tape/Masking Tape
- ** Chain Saws
- ** Sports equipment
- ** Markers
- ** NIV Bibles for campers

**Please call us if you have any questions
about our wish list! Thanks for your
support!**



2010 Innabah Events

March 5-7— Summer Staff Interview Weekend

For more information, please contact Chrissy Wells at
Program@Innabah.org - You can apply online at
www.innabah.org.

Friday, May 7 - Golf Tournament –Spring Hollow Golf Course

For more information, email Christy Heflin at
Innabahdirector@aol.com
Hole Sponsors, Patrons, Prizes and Golfer's Needed!

Sunday, June 6- Summer Open House 2:00PM-5:00PM

Lots of activities for the family! Camp tours, boating,
swimming, food, and fellowship! Check out our website
for more details! Calling all alumni! Watch for details
about our staff reunion June 5-6. Come visit us on this
special day!

Monday, June 14- Summer Camp Begins

For more information, check us out on the web at
www.innabah.org or call us 610-469-6111. You can
register online at www.innabah.org

Saturday, December 11 - Christmas Open House 2:00PM-5:00PM

Overnight lodging is available for the weekend at a
discounted rate call for more information 610-469-6111.
Join us for this wonderful holiday event.

Upcoming Retreats in 2011

Children's Retreat – Grades 2-5 – January 21-23
Youth Retreat – Grades 6-9- January 21-23
Women's Retreat – Adults – January 21-23

Watch us Grow!

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9 New Cabins Completed! 3 more to go!

Sky Hill Bath House –completed in the spring of
2009!

Day Use Bath House –construction in spring of
2010!

Orchard Hill New Septic System–construction in
spring of 2010!

Pavilion –Sky Hill Pavilion – completed in June
2008!

Eagle Scout Projects – 33 completed since 2001, 3
in progress

6 New Outpost Sleeping Shelters were rebuilt in
2007- 2009!