

# TAG-A-LONG to CAMP!

## CAMP FOWLER 2012: Pick Your Week!

INCAMP	DATE	WILDERNESS (Outcamp)
#20 Exploration (Gr. 5-7)	July 1-7	#22 Canoeing/Fishing (Gr. 7-9)
#28 Confirmation (Gr. 7-9)		#24 Sailing (Gr. 7-9)
#30 Adirondack (Gr. 7-9)	July 8-14	#32 Backpacking (Gr. 7-9)
		#34/44 Canoe Odyssey (Gr. 9-12) 2 Wks
#40 Trail Mix (Gr. 3-5)	July 15-21	#42 Kayaking (Gr. 9-12)
		#34/44 Canoe Odyssey (Continued)
#50 Horizons (Gr. 7-9)	July 22-28	#52 Wilderness (Gr. 5-6)
		#54 Canoeing (Gr. 7-9)
#60 Una Tierra (Gr. 3-12)	July 29-Aug. 4	#62 Sailing (Gr. 7-9)
		#64 Backpacking (Gr. 9-12)
#70 Triple A (Gr. 9-12)	Aug. 5-11	#72 Paths & Paddles (Gr. 7-9)
		#82 Girls ONLY Backpacking (Gr. 7-9)
#80 Exploration (Gr. 5-7)	Aug. 12-18	#84 Sailing (Gr. 9-12)
		Register ONLINE: 12/ www.campfowler
#90 Family C	Aug. 19-24	



### #1 VOLUNTEER PARENT Information

VOLUNTEER Parent Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ / /

Primary Phone / Secondary Phone: \_\_\_\_\_ /

E Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Primary Phone / Secondary: \_\_\_\_\_ /

ADULT Volunteer Gender: \_\_\_\_\_  
Male or FEMALE

My child (circle one)  
**DOES OR DOES NOT**  
have permission to swim according to the Fowler and NYSDOH guidelines.

### #2 TAG Information

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

Age / Grade / Gender: \_\_\_\_\_ / / F or M

Date-of-Birth / Tag Weight: \_\_\_\_\_ /

**TAG RESTRICTIONS:**

- tags allowed with Cabin Counselors ONLY
- if older than 5, must be same sex as parent
- tag must be younger than campers
- OTCs, IMMs, Medical History required
- \$150 fee must accompany this application
- this application is for tags only and not adult volunteers.

**CIRCLE THE CAMP WEEK NUMBER YOU and YOUR TAG ARE VOLUNTEERING FOR (\$150 Non-refundable FEE due for each week):**

**Incamp: 20 • 28 • 30 • 40 • 50 • 60 • 70 • 80**

**CAMPER CHILD WHOM YOU WISH ALSO TO BE IN THE CABIN:**

Submit completed application, non-refundable fee, Tag Immunization list, Completed OTC (not required) and mail to the business office of Camp Fowler prior to June 1. Mailing address below.

### #3 TAG Medical History

Insurance Company or NONE: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

MD Name or NONE & Phone Number: \_\_\_\_\_ /

MY CHILD TAKES PRESCRIPTION DRUGS? (circle one)  
**YES OR NO**

IF YES: List DRUG(S), DOSE, SCHEDULE: You MUST bring drugs in original container to camp nurse at check-in.

Circle any applicable medical issues and describe below:

Allergies: Insect • Medication • Food

ADD • ADHD • ASTHMA (describe treatment below) • PHYSICAL LIMITATIONS • SPECIAL DIET • SERIOUS OPERATION • LEARNING DISABILITIES • FAINTING • OTHER: (please use this space to describe details or list others we should know about)

### #4 Parent/Guardian Release

My child's medical history and all information as I have listed is accurate and current. I understand I am required to submit a current Immunization list to Fowler prior to June 1. Photos of my child can be used in camp publicity. My child's medical records can be released in case of illness/injury & transported as required. In the event that I can not be reached, I give permission to the Physician selected by the Fowler Director to hospitalize, select treatment for, order medications, anesthetize, and/or perform surgery on my child listed above. Regarding viral infections: NYSDOH requires all campers with a fever of 100 or more to be immediately sent home. By signing here-in you agree that in the event this is required you will promptly pick up your child from camp. Though unlikely please know that unless required by NYSDOH camper fees will not be reimbursed. Camp Fowler is in complete compliance with NYSDOH regulations as required by law.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

### Payment

\$150 non-refundable TAG fee is due with this application. We accept checks and credit cards. Send checks payable to Camp Fowler at the address below. For credit cards submit the required information with your completed registration form.

#5 CARD HOLDER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CSV: \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ AMOUNT: \_\_\_\_\_

# REGISTER ONLINE: [www.campfowler.org](http://www.campfowler.org)

OR COMPLETE THIS FORM & MAIL with \$150 non-refundable TAG fee to:  
Camp Fowler • 1790 Grand Blvd. • Schenectady, NY • 12309 • 518-631-6789 • FAX 518-374-4996