



Summer 2024

Makers and Breakers Camp Registration Form

A ministry of Shores Church, Wells Maine

Complete One Form per Child

Session: July 29 - August 2, 2024

Maker Name: _____

Date of Birth: _____ Gender: Female ☐ Male ☐

School: _____ Grade Entering in Sept: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Please complete for Adult who would be primary contact during day

Name: _____ Telephone: _____ (cell) _____ (home or work?)

Email: _____

Please send advisory updates via: text ☐ email ☐ (choose one)

Shirt Size: Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult L ☐ Adult XL ☐

In the case the parent(s)/caregiver cannot be reached, we should contact:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Please list any other people (not listed above) authorized to pick up your child.

Waterfront safety:

While at the beach "Makers" will be under the watchful eyes of staff and will enter the water in lifeguard protected waters.

Can this Maker swim? YES ☐ NO ☐

Is he/she able to play safely in shore break? YES ☐ NO ☐

Behavior Contract:

Makers and Breakers (MaB) reserves the right to ask parents to withdraw their child from the program if basic behavior expectations are not met. (Tuition would be refunded on a prorated basis)

Examples:

- Verbal or physical abuse against Makers or staff
- Stealing or any other illegal actions
- Behavior that causes constant distraction for other Makers or staff
- Inappropriate use of technology
- Constant disregard towards staff's direction or guidance.

It is understood that participants will be properly supervised and that reasonable safety precautions will be taken.

Registration Page 2 Maker Name: _____

Medical:

Please list any medical conditions we should be made aware of (ie. usage of an Epi-pen*, allergies, ADHD, ADD, physical disabilities or anything special we should know about your child. If your child has an allergy, please list signs, symptoms, and treatment:

*Parent/Supervisor consultation should take place before the first day at camp.

Will your child be required to take any medication while in our program? YES ☐ NO ☐

If yes, note medication must not be stored with personal belongings (ie. backpacks, lunch bags) Send special instructions with Drug Prescription #, Dose Time(s) and Signature.

PLEASE NOTE: Staff will monitor but cannot administer medication. We can store the medication in a designated area and remind your child to take it according to written instructions. Staff are not responsible for "missed doses" but will do their best to avoid this situation. Medication (including Epi-pens) must be submitted to our office in its original prescribed bottle with your child's name on it.. Makers with these needs must be mindful of their allergies and should: 1. Carry at least one epinephrine auto-injector (Epi-pen or Twinject) 2. Wear medical identification (Medic Alert bracelet) 3. Inform staff if he/she suspects a reaction is happening 4. Ensure that asthma is well controlled and managed coming into the environment (indoor/outdoor play) In the case of a camper experiencing a severe, potentially life threatening allergic reaction, staff will administer the epinephrine auto-injector and call 911.

For EMS needs, please complete the following.

Insurance provider: _____ Health card # _____

Doctor's Name: _____ phone no. _____

Sun Sense: It is recommended that children arrive at day camp with sunscreen on and have sunscreen labeled with your child's name in their backpacks for additional application. If your child does not have any sunscreen available, does MaB have the authorization to make some available to them? yes ☐ no ☐ Attention: My child has an allergy to sunscreen yes ☐ no ☐

Medical Release: Upon signing this form, permission is given to the Makers and Breakers supervisor to seek medical care in the case of an emergency for the above registrant. Any cost incurred for medical care will be the responsibility of the parent and/or guardian.

Parent/Guardian Signature: _____ Date: _____

Makes Checks out to Shores Church (put MaB in the memo)

Please return this form with \$50 down payment to:

Shores Church

PO Box 1861

Wells, ME 04090