

# NPYM Central Friends Camp

## July 19-22, 2015

**A**re you going to be in middle school in the fall (entering 6<sup>th</sup> grade, through completing 8<sup>th</sup> grade)? Do you want to spend three+ days swimming, hiking, having campfires, learning Quaker process, napping and having fun in a beautiful setting with some of the most wonderful people you'll ever meet?

### **Then come to Central Friends Camp in July!**

In addition to tons of fun, Central Friends offers middle school-age Friends the opportunity to spend quality time bonding with Friends from all over the Northwest, experience Quaker process, and sleep (a little) under the stars. We hope you will also join us at Yearly Meeting in Spokane, WA just **before** Camp!

**Where:** we will camp in Farragut State Park in north Idaho, just an hour away from the Yearly Meeting location.

**When:** Right after Yearly Meeting, from Sunday, July 19th through Wednesday, July 22nd.

**How Much:** Only \$65! This includes the cost of the campsite and all food! (Note that Yearly Meeting registration is separate.) **SCHOLARSHIPS ARE AVAILABLE!** Don't let money prevent you from attending. Ask your monthly meeting for assistance first. CF's also have limited scholarship funds. If you're planning on using a scholarship, make sure to register early.

**Getting There:** There will definitely be carpooling from Yearly Meeting. **Parents** - if you can help with transportation to or from camp, contact Chinda (contact info below).

**What to Bring:** sleeping bag, sleeping pad, pillow, water bottle, towel, toothbrush/paste & toiletries, sunscreen, clothes for all weather (it could be rainy, cold, hot, all three, or something else!), swimsuit, two + pr. of shoes, flashlight, games/cards, cup/plate/utensils, and **MEDICAL RELEASE FORM**. If you have any other camping gear such as tents, stoves, pots, pans, rope (for hanging clothes), or dish tubs, that you can bring, please contact Chinda (contact information below). If you don't have extra camping gear but know somebody who does, find out if you can borrow it! Camp is not as fun if we don't have tents...

## Calling all FAP's!

**Friendly Adult Participants** are "more senior" Friends who can't stay away from the fun of Camp. You get to hang out with Central Friends AND help out with getting from Yearly and back home! What a deal! Parents please consider joining us -- it really is fun. For more information, please contact Chinda.

### SEND THIS REGISTRATION FORM TO CHINDA ROACH!

Chinda Roach  
1734 NE 104th St  
Seattle, WA 98125

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

Phone #s: \_\_\_\_\_

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

Age on 7/15/15: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Special Needs (vegetarian? allergies? accessibility? etc.):

\_\_\_\_\_

Do you need transportation arrangements? Yes \_\_\_\_ . No \_\_\_\_

Can your parents provide transportation? Yes \_\_\_\_ .No \_\_\_\_

If yes, how many? \_\_\_\_\_

Are you going to Yearly Meeting? Y \_\_ N\_\_

Amount enclosed: \_\_\_\_\_ (if paying at Yearly Meeting, check here \_\_\_\_\_)

\_\_\_\_\_ Check here to request a scholarship from Central Friends

If you or your parents have any questions, please contact:

Chinda Roach, Camp Coordinator:

(206) 729-2736; [chinda@comcast.net](mailto:chinda@comcast.net)

**PARENTS:** PLEASE FILL OUT **TWO COPIES** OF THE MEDICAL RELEASE FORM AND SEND THEM TO CAMP WITH YOUR CENTRAL FRIEND! **Do NOT mail or hand it to the NPYM Registrar** (they need to travel with the form in even of emergency while we are on the road.)

NPYM Central Friends Camp 2015

**Medical Release Form**

Each minor child not accompanied by a Parent or Legal Guardian to Central Friends Camp is to keep one form with her/him and give a copy to the Camp Coordinator before boarding the transportation from NPYM session to Camp.

The undersigned parent or legal guardian of:

\_\_\_\_\_, born on \_\_\_\_\_,  
hereby authorizes Chinda Roach or another Friends Adult Participant (FAP) assisting in the 2105 NPYM Central Friends Camp, to be the responsible adult for this minor child from July 19 through July 22, 2015. Any one of them has the authority to consent to any medical or surgical treatment of said minor that he/she deems advisable in his/her discretion. This authorization will be effective from July 19 through July 22, 2015.

During this period the parent or legal guardian of the above named minor will be at the following location:

Name: \_\_\_\_\_, Address \_\_\_\_\_,

Phones: [ ( ) - \_\_\_\_\_, or: ( ) - \_\_\_\_\_ ]

Alternative Emergency Contact: Relation to child

\_\_\_\_\_

Name: \_\_\_\_\_, Address \_\_\_\_\_,

Phones: [ ( ) - \_\_\_\_\_, or: ( ) - \_\_\_\_\_ ]

Date of last DPT Immunization: \_\_\_\_\_

Chronic illnesses, allergies or other concerns or special needs, (physical, emotional or behavioral) camp coordinators should know about:

Current Medications: (Attach additional sheet if necessary)

Health Insurance Company:

Group ID:

Minor's Physician:

Physician's phone: ( ) - \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_