



Explorer (formerly Day Camp)	June 3-7
Inspector (formerly Beginner Camp)	June 3-7
Builder (formerly Junior Camp)	June 10-14
Adventure (formerly Jr High Camp)	June 17-21
Discovery (formerly Senior High Camp)	June 17-21

We have an online option for registering for QK Camp! Scan the QR code or find the link in Hannah's weekly email.



<https://forms.gle/ymTgCVKQm8GEBHoJA>

For funding assistance, please contact your Monthly Meeting, then the Yearly Meeting office.

2024 Quaker Knoll Camp Registration

EXPLORER CAMP: June 3-7 Age Range: 4 years old to entering 2nd Grade Drop Off Time: 10am Monday-Friday Pick Up Time: 4pm Monday-Friday Cost: \$100	INSPECTOR CAMP: June 3-7 Age Range: Entering 3rd and 4th Grade Drop Off Time: 10am Monday-Wednesday Pick Up Time: 4pm Monday, Tuesday, and Friday *campers will stay overnight Wednesday and Thursday night Cost: \$140
BUILDER CAMP: June 10-14 Age Range: Entering 5th and 6th Grade Drop Off Time: 2pm Monday Pick Up Time: 10am Friday Cost: \$180	ADVENTURE CAMP: June 17-21 Age Range: Entering 7th and 8th Grade Drop Off Time: 2pm Monday Pick Up Time: 10am Friday Cost: \$180
DISCOVERY CAMP: June 17-21 Age Range: Entering 9th Grade to exiting 12th Grade Drop Off Time: 2pm Monday Pick Up Time: 10am Friday Cost: \$200	*** All camp prices will go up \$20 after May 24, 2024

What to Bring: sleeping bag or sheets, pillow, shower supplies (if applicable), swim suit (please be appropriate), towel, extra clothing, and notebook or coloring supplies for cabin time if you wish. Plan for hot days and cool nights.

Register by sending your form and fees to:

Wilmington Yearly Meeting, 1870 Quaker Way, Box 1194, Wilmington, OH 45177

Camper's Name _____ **Age** _____ **Sex** _____

Camp Attending _____ **Grade (2024-2025)** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **(Circle one: Home/Business/Cell)**

Alternate Phone # _____ **(Circle one: Home/Business/Cell)**

Home Meeting/Church _____

Email address _____

T-shirt Size **Youth: S M L** **Adult: S M L XL**

Special diet needs _____

Note: All camp registration must be received by May 24 to take advantage of the early registration discount. Cancellations receive a full refund if the Yearly Meeting Office is notified one week in advance of camp. Otherwise, the registration fee will be kept. All camp fees must be paid in full by check-in time. We encourage families and Monthly Meetings to pay fees at least one week prior to camp. The camp picture and t-shirt are included in the cost of registration. Requested shirt size is only guaranteed until May 24. Quaker Knoll is 7 miles southwest of Wilmington, OH, off State Route 730 by Cowan Lake. The address is 675 Sprague Rd, Wilmington, OH 45177. Emergency calls may be placed to the camp at (937) 382-5241 or to the Yearly Meeting Office at (937) 382-2491.

2024 Quaker Knoll Camping Program Code of Conduct

- Everyone is expected to follow the guidelines. Failure to do so will result in disciplinary action.
- If you need to be gone at any time during the event, to work or for other obligations, you need to arrange your schedule in advance with the director. You must sign out and sign in when leaving and returning.
- You will respect all other participants and their property, as well as the property of the Quaker Knoll facility.
- At lights out, you will be in your own room/cabin.
- Your attendance is expected at all sessions during camp unless exempted by the director.
- You are expected to clean up your own room/cabin and leave furniture arranged as found.
- If you are taking prescription drugs of any kind, you must report this to the director. When a nurse is present, all medicines are to be given to the nurse. Otherwise, the Camp Coordinator will take care of it
- It is not acceptable during camp to perform bodily alterations such as piercing, tattooing, hair coloring/cutting, or any other major variations.
- Do not bring personal food, gum, or drinks. If it is necessary, it must stay in the lodge.
- Use of electronic items such as cell phones will be permitted at the discretion of the director. Please contact the director of your camp if you have any questions.
- Taking photos or videos in the cabins is prohibited.
- Footwear is required on the campgrounds.
- You must report any illness or injury to the director of your camp.
- Any use of media should reflect Christian values. No inappropriate or sexual media/material will be tolerated.
- You may not possess any tobacco products, any alcohol, any non-prescription drug, any weapons such as knives or firearms, or any fireworks.
- You must stay in your designated sleeping area.
- The Director and Camp Coordinator have permission to send you home if any of the above are violated.

I have read the above Code of Conduct and agree to follow it while at Quaker Knoll Camp.

Printed Name of Participant

Signed Name of Participant & Date

Printed Name of Parent/Guardian

Signed Name of Parent/Guardian & Date

Parent's /Guardian's Consent to Swim/Media Release

Please initial:

____ I hereby give permission for _____ (name of camper)
to participate in the swimming program and to be transported from camp.

____ I hereby give permission for photographs, video, articles, statements, names, music,
or art by my child or myself to be used in promoting any WYM activity or related activity.

Signature of Parent/Guardian

Date

2024 Quaker Knoll Camping Program Medical Form

For children under the age of 18 – required for their participation in any program

Child's Name _____ Date of Birth _____

Present Medications _____

Relevant Medical History _____

Food or Drug Allergies _____

Insurance Co _____

Policyholder's Name _____ Policyholder's DOB _____

Policy # _____ If an HMO, Phone # _____

Family Doctor _____ Phone # _____

Medical Release Form

I give the staff and its volunteers permission to obtain emergency help for me or my child named on this form. I hereby release Wilmington Yearly Meeting, its staff, and volunteers from liability for any injury or illness that I or my child may sustain during the activities planned. I will be responsible for costs incurred for any medical treatment. In the event that I or my child need(s) special medications and cannot administer them, I give my permission for an adult staff member or volunteer to administer the medication.

In case of emergency, I authorize the Camp Director to consent to any emergency X-ray exam, medical, surgical, or dental diagnosis or treatment recommended by qualified medical personnel on my behalf for my child during the event. I agree not to hold Wilmington Yearly Meeting and its boards responsible for accidents. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Emergency Contacts

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

2023 Quaker Knoll Camping Program

Permission to Treat

I, (parent name) _____, hereby give permission for Quaker Knoll Camp to administer to my child (name) _____ the following over-the-counter medication if the nurse deems it necessary. Dosages will be administered according to the directions on the bottle.

Headache: Tylenol

Upset stomach: Pepto Bismol

Menstrual Cramps: Ibuprofen

Diarrhea: Imodium A.D

Poison Ivy: Calamine Lotion or CortAid

If you do not give permission for any of the above treatments, please mark through and indicate what treatment is preferred. Please send the preferred medication with your camper. Be sure that the camper's name is on the medication. Unused medication will be returned at the end of camp.

I hereby give permission to the camp nurse to

- Dispense medication from home and provide first aid including medication as indicated above.
- Transport persons to the next level of medical care if required, and provide emergency treatment when parent or guardian cannot be reached,
- Authorize x-rays and routine tests and treatment,
- Release any records necessary for insurance purposes.

I hereby give permission to the physician to administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips off campus.

Signature of Parent or Guardian _____ **Date** _____

MEDICATIONS

Name of drug _____

How Taken _____

Name of drug _____

How Taken _____

Name of drug _____

