

Camp Arevelk 2009 Registration Form

Please complete both the registration form and medical information form (front and back, have child & parent sign, and return with your deposit check of \$150 US made payable to **Camp Arevelk**. Please detach the bottom list of things to bring & directions before mailing registration form with deposit check.....very important to keep the instructions & list of things to bring

Please mail form & deposit check to Camp Arevelk, c/o Nyree Shishmanian, 26 Kayeton Rd., Allendale, NJ 07401.
(please print legibly!!)

Camper Name _____ Birthdate _____ Age (as of 8/2/09) _____ sex M F (circle)

Address _____ City _____ State _____ Zip _____

Home Phone _____ School Grade next September _____

Father or Guardian Name _____

Home Phone _____ Work Phone _____

Mother or Guardian Name _____

Home Phone _____ Work Phone _____

E-mail (will be used to email a confirmation to you) _____

Medical Authorization, Parental Authorization and Camper Commitment

In case of emergency, I hereby give permission to the physician, selected by the Camp Director / Camp Nurse, or their Designee, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Camper's Name (please print) _____

Parent / Guardian Signature: _____ **Date:** _____

Activities & Field Trips: Must be signed by camper and parent to anticipate in recreational activities and field trips. Camp Arevelk, the AEUNA, AEA, AEYF bears no liability for accident or injury.

Camper's Commitment: I will conduct myself in an orderly way during my stay at Ararat Youth Conference Center, including any field trips. By signing below, I acknowledge that any disregard of Camp Arevelk, or the Ararat Conference Center rules of safety will be dealt with quickly and may result in my return home at the expense of my family. **I also acknowledge that I maybe held responsible for any damage to my room or other property where circumstances indicate I am responsible. Damage to the Ararat Conference Center Property will not be tolerated and the cost of repairs maybe passed on to Campers deemed responsible for the damage!**

Camper's Signature: _____ **Date:** _____

Parental Authorization:

The camper named above has my permission to participate in Camp Arevelk, including its recreational activities as well as any field trips that the campers may participate in. We (Parent & child) have discussed the consequences of any misconduct on the Camper's part.

Parent / Guardian Signature: _____ **Date:** _____

-----Cut here, mail above form back with deposit, keep below slip for reference -----

Registration information:

COST	Postmarked by	
\$425 (\$375 for two or more children from the same family 2=\$750, 3=\$1125)	July 3, 2009	Include Registration/medical form
\$450 (\$400 for two or more children from the same family 2=\$800, 3=\$1200)	July 17, 2009	Include Registration/medical form

NO REGISTRATIONS WILL BE ACCEPTED IF POSTMARKED AFTER JULY 17th.

The family picnic is open to all on **Saturday, August 15th at noon**. There is no cost for the picnic however, donations are appreciated.

For info on Registration, please call Nyree Shishmanian 201-739-2285, info on Camp Activities, Sylvia Jizmejjan 508-791-7401
The Ararat Conference Center Phone # is 518-966-8000 where message can be left for your child or counselor.

Things To Bring To Camp:

- Sleeping bag & pillow, twin size bed sheet
- Shorts and long pants
- Short sleeve and long sleeve shirts
- Sweatshirt or light jacket
- Poncho & hat
- Daily change of underclothes & socks
- Clothes for sleeping / pajamas
- Swimsuit
- Sneakers / comfortable walking shoes / flip-flops or sandals
- Laundry bag for dirty clothes
- Toiletries (soap, shampoo, toothbrush / paste, etc)
- Towels (swimming / shower)

Bible, pen / pencil, pad or spiral notebook / Flashlight (with fresh batteries) / Insect repellent / Ball Glove, Tennis racquet (optional) / spending \$ for camp candy store

****CELLPHONES ARE NOT ALLOWED AT CAMP AND WILL BE TAKEN AWAY. WE WILL PROVIDE PHONES FOR YOUR CHILD TO CONTACT YOU****

Things **NOT** to bring to camp:

- Radios, video games, beepers, MP3 players, ipods, blackberrys, laptops, cd / dvd players etc
- Food (cookies, crackers, etc) or anything else that may cause a distraction to the group.

Camp Arevelk 2009

Registration Form

Please complete the medical form to the best of your knowledge, return with your completed registration form & deposit check of \$150 made payable to 'Camp Arevelk', c/o Nyree Shishmanian, 26 Kayeton Rd., Allendale, NJ 07401 (please print legibly!!)

Camper's Name: _____
 Family Doctor Name _____ Family Doctor Phone #: _____
 Family Doctor Address _____ City _____ State _____ Zip _____

Date of Camper's last Physical Examination: _____
 Please name any medications you are currently on and reason for the medication:

Medication Name	Reason for Medication	Do you have it with you?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Please list any allergies you may have (dietary, environmental, medications):

Allergy	Your reaction	Treatment

Do you have any activity restrictions? Y N Please List: _____
 Do you have any dietary restrictions (i.e. diabetic, lactose) Y N Please List: _____

Do you carry any family medical / hospital insurance? (Circle one) Yes or No

Please attach copy of insurance card to this form.

Health History: Please check if the camper has suffered/is currently suffering from the following:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Insect stings | <input type="checkbox"/> Stomach Upset | <input type="checkbox"/> Altitude Sickness |
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Painful Menstrual Cramps |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Bladder Problems |

Other: _____

***IMMUNIZATION HISTORY**

Please provide us with a record of basic immunization and most recent booster doses:

Immunization	Date	Booster
Diphtheria		
Pertussis		
HPV (Human Papilloma)		
Meningococcal		
Polio (IPV)		
Measles		
Mumps		
Rubella		
Hepatitis A		
Hepatitis B		
Varicella (Chicken Pox)		
Rotavirus (Rota)		
Haemophilus Influenza B		
PCV (Pneumococcal)		

PPD/Mantoux : Y N
 Negative Positive

Last Tetanus: _____

*You may attach a copy of your most recent immunization record from you doctor's office.

-----Cut here, mail above form back with deposit, keep below slip for reference -----

The Ararat Center is in the heart of the Catskills in Greenville, New York. It is 30 miles south of Albany.

From the North: Take the Adirondack Northway south to the NYS Thruway (87). Take the Thruway (87) south to exit 23 - Albany. Make a right onto Route 9-W south. Travel about a half mile until coming to a traffic light (Stewards Shop will be on the right). After the light, Route 32 bears off to the right towards Delmar. Travel through four traffic lights. At the fifth light (Elm Avenue), turn left and continue onto Route 32 south for approximately 18 miles. The Ararat Center is on the right about a quarter mile after the blinking light on Route 32.

From the South: Take the NYS Thruway (87) north to exit 21 - Catskill. Take Route 23 west for about 10 miles to the sign for Freehold/Greenville. Turn right onto Route 32 north. Stay on Route 32 north for nine miles to the town of Greenville traffic light. Go straight through the light. The Ararat Center will be on the left about one and a half miles further north on Route 32.

From the East: Take the Massachusetts Turnpike to I-90 west. Take I-90 west to the NYS Thruway (87) south. Get off the NYS Thruway at exit 21 B - Coxsackie. Turn left onto Route 9-W south. Travel approximately two miles before coming to a traffic light (intersection of 9-W and 81). Turn right at the light onto Route 81 west and travel 13 miles to Greenville. At the traffic light turn right to go north on Route 32. The Ararat Center will be on the left about one and a half miles further north on Route 32.

From the North West: Take the NYS Thruway (90) east to Albany then south on the NYS Thruway (87) to exit 23 - Albany. Then follow from 'North' above. Albany International Airport offers daily flights from around the country. ARARAT CENTER, 6944 SR 32, Greenville, NY 12083

The Ararat Conference Center Phone # is 518-966-8000 where message can be left for your child or counselor.