

**AMERICAN BAPTIST  
GIRLS OF NYS  
CONFERENCE  
2016**

**JUNE 30 – JULY 3  
HOUGHTON COLLEGE  
HOUGHTON, NY**



**AB GIRLS CONVENTION 2016**

**JUNE 30<sup>th</sup>, JULY 1,2 & 3<sup>rd</sup>**

**Houghton College, Houghton, NY**

**Enjoy a great experience with girls from across the state in a warm Christian atmosphere – filled with fun, food, fellowship and the word of God**

**The AB Girls conference is open to girls completing grades 4-12. Special allowances will be made for younger girls (ages 7 and up) as long as an adult from their church is in attendance and we are notified that they will be in attendance in order to prepare programs that are age appropriate.**

**All girls are required to fill out the application , the health form AND a signed AB GIRLS Standards of Behavior statement. The registration form should be submitted with a \$25 registration fee. The SIGNED health form and standards of behavior statements may be mailed with the registration OR presented at registration. It is imperative that these forms are signed and presented. A notary will be on hand at registration if needed, but we encourage parents to take this responsibility.**

**Name** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_**

**Email Address** \_\_\_\_\_

**Your Church** \_\_\_\_\_ **Association** \_\_\_\_\_

**Last grade completed. Please circle one 4 5 6 7 8 9 10 11 12**  
**Check here \_\_\_\_\_ Other – girls ages 7 and up but not having completed grade 4**  
**\_\_\_\_Adult Counselor**

**Desired Roommate:** \_\_\_\_\_ **Size t shirt S M L XL XXL**

**FEE: \$175.00 (includes \$25.00 registration fee)**

**Adult counselor's fee - \$125.00 (you still need to register please)**

**Registration fee does NOT include linens !**

**Registration will begin at 4pm on Thursday (June 30th) Convention activities begin at 7pm**

**We will adjourn after worship on Sunday (July 3<sup>rd</sup> - approx. noon)**

**Please submit registration form and the \$25.00 deposit (non-refundable) to:**

**Carol Seidel**

**17 Telegraph Street**

**Binghamton, NY 13903**

**Registration form and registration fee (\$25) must be received by June 20<sup>th</sup>**

**Checks should be made payable to : A. B. Girls**

**Balance of \$150.00 is to be remitted at registration.**

**Questions?**

**Call Carol Seidel at 607-722-7935 ([oldmustangbob@yahoo.com](mailto:oldmustangbob@yahoo.com)) or**

**Claudia Little at 585-968-3061 ([clittle1@roadrunner.com](mailto:clittle1@roadrunner.com))**

**Special needs (dietary, lodging etc.) – please contact Claudia Little**

**Upon receipt of registration, participants will receive a “what to bring” letter with all necessary information.**

## A B GIRLS CONFERENCE RULES

THE AB Girls program challenges each girl to grow and develop in her Christian walk. It is the goal of the conference staff to provide your daughter with the opportunity to grow and learn, not only about herself, but also about our Lord and Savior, Jesus Christ; about her relationship with Him and His will for her. The environment we want to provide for your daughter is dependent largely upon the cooperation of all participants abiding by these rules. Please review the rules with your daughter. A copy of these rules signed by the parent/guardian of the conference participants is to be submitted along with the registration and health form. A second copy of these rules will be reviewed with your daughter and signed by her at the conference.

Name of participant \_\_\_\_\_

1. Attendance and participation is required at all sessions of Conference unless you are in the infirmary. All injuries and illnesses must be reported to the nurse.
2. No one is allowed off the hotel grounds unless accompanied by a staff member.
3. There is no smoking, alcohol or drug use at Conference. Anyone found in violation will be sent home at her own expense.
4. Use of phones is discouraged. Calls are for emergencies only and must be cleared through your counselor.
5. Conference cannot be responsible for valuables. If you choose, you may give valuable items to your counselor. Room keys will not be issued.
6. Furniture, bedding etc. is not to be moved or removed from your room.
7. We expect conference participants to respect each other's privacy, and that of others.
8. Keep your program and your Bible with you for all sessions.
9. Do not go barefoot – even to the pool. Shoes are required at all times.
10. This is an all girl conference; please confine all activities to our conference only.
11. No radios, cd players etc. are allowed outside of your room. If used in your room, volume must be low and should not be heard outside of your room.
12. All girls must be in their rooms at designated "lights out" time
13. RESPECT AND COURTESY ARE EXPECTED BY EVERYONE ATTENDING CONFERENCE.

I acknowledge and have read and understand the above rules. I will accept financial responsibility for any damages that occur as a result of negligence. I understand if inappropriate behavior or blatant violation of these rules results in dismissal from the conference, my daughter will be sent home at my expense.

Printed name of parent or guardian \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Please sign and mail to Carol Seidel **OR** Bring to registration on June 30th

**Carol Seidel**  
**17 Telegraph St**  
**Binghamton, NY 13903**



HOUGHTON COLLEGE SUMMER CAMPS  
MEDICAL RECORD & WAIVER FORMS

COMPLETION AND RETURN OF THIS FORM TO THE CAMP DIRECTORS IS **REQUIRED** FOR ADMISSION TO CAMP. (Either mail this completed form prior to camp or bring it with you to registration)

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Participant's Last Name (print)                      First Name                      Middle Initial

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Home Address (Number & Street)                      City or Town                      State                      Zip Code

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Home Telephone Number                      Cell Number                      Camper's Age / Camper's Date of Birth

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Parent's Last Name                      First Name                      Middle Initial

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Emergency Contact (if parent is not available)                      Phone Number

American Baptist Girls

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List which camp you are attending on the line above

**INSURANCE - Please include a photo copy of the front and back of your medical insurance card.**

**NO HEALTH INSURANCE**

I do **NOT** have health insurance; therefore, I am signing this waiver, taking full responsibility for all medical matters regarding my child. I take full responsibility for any expenses related to my child's health, be it hospitalization, medicine, or any other cost related to injury or illness while my child attends camp at Houghton College.

Furthermore, I do **NOT** hold Houghton College responsible and/or liable for any and all costs relating to my child's health care for any reason during his/her stay at Houghton College.

Camper Name:

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Parent's Signature:

Date:

Camper's Name \_\_\_\_\_

**IMMUNIZATION RECORD-** New York State Dept. of Health requires the following information, with exact dates, to be completed prior to admittance to camp. If your child has NOT been immunized please fill out the waiver below.

Shot	Date Given
DTP Series completed on	
Polio (IPV or OPV) Series completed on	
TD (Diphtheria/Tetanus) <u>Must</u> have had Booster within 10 years	
Measles Vaccine*	
Mumps Vaccine*	
Rubella Vaccine* *OR Combined as MMR	
Other	

**NO CHILDHOOD IMMUNIZATIONS**

I have not immunized my child due to my specific religious beliefs. Therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child that may result from not having the specified shots. Furthermore, I do NOT hold Houghton College responsible and/or liable for any health care needs that may arise due to the absence of specified immunizations during his/her stay at Houghton College.

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

Parent's Signature: \_\_\_\_\_

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

**MEDICAL RECORD**

Are There Any Abnormalities In The Following Areas?

Ears, Nose or Throat	No	Yes
Respiratory	No	Yes
Cardiovascular	No	Yes
Hernia	No	Yes
Gastrointestinal	No	Yes
Skin	No	Yes

Metabolic/Endocrine	No	Yes
Allergies	No	Yes
Neuro-Psychiatric	No	Yes
Eyes (glasses)	No	Yes
Genito-Urinary	No	Yes
Musculo-Skeletal	No	Yes

1. Have you suffered any major illness, injury, or disability in the past? Explain. \_\_\_\_\_
2. Do you have a history of anxiety or other tension states, eating disorders or emotional instability? \_\_\_\_\_
3. Are you *currently* under treatment for any illness, injury or emotional disturbance? Specify: \_\_\_\_\_
4. Do you have any known DRUG, INSECT, FOOD, or ENVIRONMENTAL allergies? Please Specify: \_\_\_\_\_

Camper's Health Care Provider Name: \_\_\_\_\_

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

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

Camper's Name \_\_\_\_\_

## MEDICATION ADMINISTRATION FORM

If your child is on a prescription medication or you expect that your child might need non-prescription ("over the counter") medications, you will need to have your child's physician fill out the medication administration form and have your child bring it to camp. **Medications must be in the original container** and labeled with the patient's full name, the date the prescription was filled, expiration date, directions for use, precautions (if any), storage requirements (if any), dispensing pharmacy (name and address), and name of physician prescribing medication.

Camp nurses are only permitted to dispense medications to the child that is listed on this form by the child's doctor. Designated staff trained by the Health Director may supervise the self-administration of medication. **A physician's signature must accompany each medication. All medications (prescriptions and over the counter) must be turned into the camp health director at time of check-in.**

### Physician's Written Orders for Prescription Medications

Physician's Initials

Do you carry an Epi-Pen?      Yes      No      \_\_\_\_\_  
 Do you carry an Inhaler?      Yes      No      \_\_\_\_\_

Drug Name	Route	Dosage	Schedule				Comments/ Indications	Physician's Initials
			AM	N	PM	HS		

### Physician's Written Orders for Non-Prescription Medications

Over the counter medications- including allergy medications/vitamins/supplements

Drug Name						Comments/ Indications	Physician's Initials	
<b>Supplied by the Camp</b>								
Tylenol	I give permission for the following OTC medications to be given to the above-named student as needed as per routine dosage for his/her age/weight.  Please initial to the right for each approved medication.							
Advil								
Benadryl								
Antibiotic Ointment								
Hydrocortisone Cream 1%								
Tums/Antacid								
Cough Drops								
<b>Supplied by the Student</b>								
Must be in the original container and have the camper's name clearly on the container								
Drug Name	Route	Dosage	Schedule				Comments/ Indications	Physician's Initials
			AM	N	PM	HS		

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Office Stamp:

Your child cannot by NY State law receive ANY medications unless it has been authorized by a physician

Camper's Name \_\_\_\_\_

**WAIVERS - Please read and complete these waivers prior to camp registration**

PERMISSION TO TREAT

I give my permission for the directors of the Houghton College Summer Youth Camps to provide medical coverage for my child. If I cannot be reached, in the case of an emergency, I hereby grant permission to the physician selected by the directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery or other treatment as needed for the above mentioned camper. I have consulted with our physician to ensure that the person described here is fit to participate in physically intense activity. They have permission to engage in all program activities, except as noted.

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

Parent's Signature: \_\_\_\_\_

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

PERMISSION TO PARTICIPATE

In consideration of being allowed to participate in the activities and programs of Houghton College and to use its facilities and equipment, I do hereby waive, release and forever discharge Houghton College, its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facilities.

It is the desire of Houghton College to provide an atmosphere that is both safe for the campers and secure for their personal belongings. Houghton College provides keys to all dorm rooms for a \$20.00 refundable deposit. Campers are responsible for making sure that their rooms are locked at all times. Campers are not allowed in anyone else's room unless that person is present in the room. Houghton College assumes no responsibility for loss or theft of any personal items. We also reserve the right to inspect or search any room or its contents at our discretion without the permission of its occupants.

I also grant permission for photographs of my child to be used in the promotion of Houghton College, unless otherwise noted.

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

Parent's Signature: \_\_\_\_\_

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

TRAVEL PERMISSION

In certain situations, it may be necessary for the Houghton College Camps to transport your child to alternate sites. Although your child will be transported in certified vans or busses by qualified and experienced bus drivers, travel in motor vehicles on public roads always poses the possibility of risk. By signing this slip you are acknowledging that risk and granting permission to Houghton College Camp Directors to transport your child to one of these alternate locations. Please sign and mail this form to us ahead of time or bring with you to registration.

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

Parent's Signature: \_\_\_\_\_

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