



Camp Neidig
Rotary's Youth Leadership Camp

www.campneidig.com

Tomorrow's Leaders of District 7430

TO: Rotary Leadership Camp Participants

FROM: Camp Neidig Committee, Rotary District 7430

Please accept our congratulations for the honor of being selected as a "Tomorrow's Leader" camper. We all trust that the few short days that you will spend at camp will help you to enhance your skills as a leader in your school or community. More importantly, we hope to increase your awareness of the potential that you possess for future professional and community leadership.

Camp Neidig is a program sponsored by the Rotary Clubs in the Rotary District 7430 (Southeastern Pennsylvania). Its purpose is to provide exceptional young men and women with the opportunity to live, work, and socialize together in a dynamic leadership environment. The activities in which you will become involved will be focused upon contemporary problems, ethical situations, and decision making that will contribute to your development as a leader.

As a Camp Neidig participant, you will find that your days and nights will be filled with a variety of activities oriented towards leadership. Most of your time will be structured in such programs as group discussions, problem solving, team building, guest presentations, and outdoor activities. Perhaps the greatest benefit that you will receive will come from the opportunity of sharing this experience with the approximately 150 outstanding young men and women from about 80 high schools within this Rotary District. The friendships that you make will, in many cases, last a lifetime.

May we suggest that the best possible way for you to find out about Camp Neidig is to speak with present seniors in your school who attended Camp Neidig last year. A member of your host Rotary Club, or your principal or guidance counselor, can provide the names of former campers to you. In addition, please check out our Camp Neidig website at www.campneidig.com for more information or if you need to download lost forms. We are also on Facebook at www.facebook.com/CampNeidig.

Camp Neidig will be held at Camp Manatawny near Boyertown. Information about this camp can be found at www.manatawny.org

Following your arrival and registration at the camp, you will be assigned to an **unheated** cabin. Plan to bring a **sleeping bag** and clothing appropriate for such an environment. Most campers will wear T-shirts/polo shirts, shorts/jeans, and athletic-type sneakers. Please bring sufficient clothing to allow for two changes a day for four days.

Your camp counselors are all experienced in youth or leadership programs. They represent various professions or vocations. We all know that you will benefit positively from your daily interactions with the staff.

Important information that you should be aware of in preparation for camp is furnished on the back of this form.

Suggested Things To Bring

Sleeping bag	money for snacks
Pillow and pillow case	inexpensive camera
towels, soap and washcloth	poncho/raincoat (required)
toilet articles	laundry bag
shorts or jeans	watch
T-shirts or polo shirts	pen/pencils
socks	flashlight
sneakers or athletic shoes	Frisbees
(REQUIRED for Team Problem Activities – 2 pair recommended)	
sufficient underwear	Hair dryer
swimsuit & towel	sweater or jacket
Sweatshirt / Jacket	insect repellent
Props/instruments to be used in talent show or skits	a cooperative spirit

Things you Should Know and Do

1. Camp registration takes place on **Friday, June 15th from 1:00 PM to 2:30 PM**. The Camp program begins promptly at 3:00 PM! Please do not arrive before 1:00 p.m. The Camp is formally closed after the concluding ceremonies on Monday evening, June 18th at about 8:30 PM. **NO CAMPER is authorized to leave before that time.**
2. A member of your sponsoring Rotary Club will coordinate transportation arrangements both to and from Camp. Their name is on the letter to your parents. Lunch will **not** be served at Camp on Friday.
3. Each camp session and activity builds upon learnings and experiences from previous camp sessions and activities. For that reason, you will be required to remain at Camp through its duration, and to participate in all Camp sessions and activities. Leaving camp early or being excused from camp sessions will only be considered by the Camp Director on an exceptional basis for a family emergency. Any camper who leaves Camp early will not be permitted to return. If you cannot make a full commitment to the Camp Neidig weekend, please allow another young leader the opportunity to attend!
4. **You are not permitted to have a car or other vehicle at Camp.**
5. Our Camp is co-educational. We ask that you behave with decorum, respect, and good judgment in your interpersonal relationships with other campers. There will be separate housing arrangements for men and for women at the Camp. There will be no visiting or fraternization by the opposite gender in these designated cabin areas. **Any violation of these rules is grounds for immediate dismissal.**
6. Complete the online registration form that is listed on your camp materials as soon as possible.
7. **Please have your camp medical form completed by a doctor within 30 days of attending camp. Bring your completed medical form with you to camp on registration day. If you lose your health form you can download it from our website listed on the front page of this letter.**
8. Our blanket medical insurance policy will cover costs associated with accidents, etc. that exceed your basic hospital and medical policy coverage.
9. **We will NOT be responsible for lost or stolen items! Valuable items should be left home.**
10. In order to benefit the most from your camp experience, we encourage you to concentrate on your camp environment and sessions by leaving your cell phone and mp3 players at home. If you do bring them, they must be turned off and in your cabin during all sessions and activities. They may only be used during free time periods. **Any interruption of camp sessions by these devices will not be tolerated.**



Dear Parents of Neidig Camper:

Congratulations on your child being chosen to attend Camp Neidig. The Rotary club of your community is interested in community leadership, not only for today but for tomorrow as well. Your son or daughter will, in a few years, be assuming some of your community's leadership positions. Rotary has assumed the task of helping to train our future leaders through a "Tomorrow's Leaders Camp" known as Camp Neidig.

Your Rotary Contact Person is _____ and can be reached

at _____.

The Rotary Club is responsible for bringing your child to camp after lunch on **Friday June 15th**. We strongly encourage you to bring your family and attend the Neidig Night dinner and celebration on **Monday June 18th**, BUT if you are unable to attend, your sponsoring Rotary Club will provide transportation home as well. Details on this final night of camp can be obtained from your Rotary Contact Person.

Camp Neidig is held at Camp Manatawny, near Boyertown, PA. The camp's objective is to offer outstanding high school students an opportunity to live, work, and play together in an atmosphere of cooperation and team building which will offer a challenge to accept the responsibilities of leadership. Much of your daughter or son's time will be structured with programs such as group discussions, guest speakers, sports, and group activities as well as a camp yearbook. Perhaps the greatest benefit will come from sharing this experience with the approximately 150 other outstanding young adults from about 80 high schools in Southeastern Pennsylvania.

You should know that your local Rotary Club has a significant cash investment in each of the campers that they sponsor. For this reason, we ask you to consider the commitment of your child's time to camp to be a critical factor in accepting this invitation. Since the camp period is short and very intense, **we require every camper to arrive on time and stay for the duration of the camp – No Exceptions!** If a commitment to this policy is not possible, we ask that your son or daughter decline this invitation. We would like this opportunity to be available to those young leaders who will gain the most by their full participation. If for some reason attendance seems impossible after acceptance, please notify your sponsoring Rotary Club immediately so that another student can take advantage of this opportunity.

It is **extremely important** that the online registration form be completed as soon as possible to complete your child's acceptance to Camp Neidig (see below).

Fill out the online registration form at <http://www.campneidig.com/register>
(use username: rotaryclub password: neidig12)

In addition, the "Camp Health History and Examination Form" **must** be completed by you and your child's physician within 30 days of camp and **brought with your child to camp when they arrive on Friday!**

A final few notes of importance - since our camp is co-educational, please help us emphasize to your young adult the importance of every camper respecting the privacy of the campsites of the opposite gender. **Cabins are off-limits to the opposite gender 24 hours a day!** Any fraternization in a cabin by the opposite gender is grounds for immediate dismissal from the camp. **Also, campers are not permitted to have personal vehicles at camp.** Please check with your Rotary representative to see if they will be providing transportation.

Thank you for your interest and that of your teenager in the Rotary Camp Neidig program. Further information about this camp experience, as well as camp forms, can be found on our website www.campneidig.com. Any specific questions may be addressed to your Rotary Contact Person. Or you can contact any of the Camp Neidig Committee listed below.

QUESTIONS

Call any of the Camp Neidig Committee

Co-Chair:	Charlie Incalcaterra	484-515-4119 (Cell)	610-867-8251 (W)
Co-Chair:	Wendy Body	610-395-6871 (W)	610-972-5748 (Cell)
Registrar:	Barry Haydt	610-944-9793 (H)	
Treasurer:	Dan Ritter	215-628-9756 (H)	215-646-9255 (W)
Neidig Night:	Brad Dengler	610-406-9029 (H)	

Sincerely,

Charles J. Incalcaterra, D.M.D., Chairman
District 7430 Camp Neidig Committee
cjidmd@ptd.net

Wendy G. Body, Co-Chairman
District 7430 Camp Neidig Committee
wgbody@butz.com



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Rotary's Youth Leadership Camp

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Tomorrow's Leaders of District 7430

Camper Registration Form

Don't forget: All campers must register online to complete their acceptance to Camp Neidig

Fill out the online registration form at
<http://www.campneidig.com/register>

(use username: rotaryclub password: neidig12)



NEIDIG NIGHT 2012 Mon. June 18th at 6:00 PM

THE BEST FAMILY DINNER AND CLOSING CELEBRATION AT CAMP MANATAWNY (site of CAMP NEIDIG)

- Campers, families, friends and Rotarians celebrate the conclusion of camp.
- Featuring a great **Chicken BBQ Dinner** and fun **Closing Ceremony!**
- **BBQ Dinner tickets are \$15.00 per person.** Order your tickets **NOW** so we'll be sure to have plenty for everyone. **Do not include campers, their dinner is already included with the camp fee.**
- Vegetarian Patties on a Roll are also available for the same \$15 per person fee.
- Camp Manatawny is located at 33 Camp Road, Douglassville, PA. This is off Route 562, one-half mile east of Yellow House, PA.
You can also download a map from our website at CampNeidig.com

Send your order to:

Brad Dengler
62 Winchester Ct.
Reading, PA 19606

Problems? Questions?

Call Brad at (610) 406-9029

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CHICKEN BBQ TICKET ORDER FORM

Orders due by June 8

Please send _____ BBQ tickets at **\$15 each** = _____

Make check payable to:

"Rotary – Camp Neidig"

Please send _____ Vegetarian tickets **\$15 each** = _____

Do not include campers.

Send tickets to: Name: _____

Address: _____

Phone: _____

Send Order To:
Brad Dengler
62 Winchester Ct.
Reading, PA 19606

A copy of this form will be returned with your tickets.

Any orders received after the June 8 deadline will be held for pick-up at the BBQ.

A limited number of tickets will be available for purchase at the BBQ.

**CAMP HEALTH HISTORY AND EXAMINATION FORM FM108
FOR CHILDREN, YOUTH AND ADULTS**

Developed by
American Camping Association, Inc. in consultation with
The American Medical Association and the American Academy of Pediatrics

ROTARY DISTRICT 7430 – CAMP NEIDIG

**IMPORTANT: PLEASE BRING THIS FORM
COMPLETED TO CAMP**

This side to be filled in by parents/guardian of minors or by adult campers/staff members themselves.

Name _____ Birth Date _____ Sex _____ Age _____
Last First Initial

Parent or Guardian (or Spouse) _____ Phone _____
Area Code - Number

Home Address _____
Street & Number City State Zip Code

Business Address _____ Phone _____

Second Parent or Guardian or Emergency Contact: _____

Home Address _____ Phone _____
Street & Number City State Zip Code

Business Address _____ Phone _____
Street & Number City State Zip Code

If not available in an emergency, notify:

Name _____ Phone _____

Address _____
Street & Address City State Zip Code

Health History: (Check – giving approximate dates)

Frequent Ear Infections _____	Mononucleosis _____	<u>Allergies</u>
Heart Defect/Disease _____	<u>Diseases</u>	Ivy Poisoning, etc. _____
Convulsions _____	Chicken Pox _____	Insect Stings _____
Diabetes _____	Measles _____	Penicillin _____
Bleeding/Clotting Disorders _____	German Measles _____	Other Drugs _____
Hypertension _____	Mumps _____	Asthma _____

Operations or serious injury (dates): _____

Disability or chronic or recurring illness: _____

Dietary Modifications: _____

Current medication (send with instructions): _____

Other diseases or details of above: _____

Name of dentist/orthodontist: _____

Name of family physician: _____

Date of last physical examination _____

Do you carry family medical/hospital insurance? _____

If so, indicate:

Carrier: _____

Policy or Group # _____

Suggestions or health-related information for camp personnel: _____

(For Female): Has this person menstruated?: _____

If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special Consideration: _____

Important – This Box Must be Completed for Attendance*

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp.

Signature of parent or guardian or adult camper/staffer: _____

Witness: _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor: _____

(OVER)

*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.

IMMUNIZATION HISTORY:

Required immunization must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses:

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) } DPT* Tetanus	1 2 3	1 2
or		
Tetanus } TD* Diphtheria }		
or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (Hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		

HEALTH EXAMINATION BY LICENSED PHYSICIAN:

I have examined the above camp applicant. Date Examined: _____

In my opinion, the above's condition does _____/does not _____ preclude his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s): _____

Current treatment (include current medications): _____

Explanation of any reported loss of consciousness, convulsion or concussion: _____

Does applicant have epilepsy? Yes _____ No _____ Does applicant have diabetes? Yes _____ No _____

Recommendations and Restrictions While at Camp:

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specific dosages): _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants & insects, etc.): _____

Additional Health Information:

Licensed Physician's Signature _____ Phone _____

Address _____
Street & Number City State Zip Code

Date of Form Completion _____ By _____ (initial if completed by nurse or physician's assistant)