



Dear Camp Neidig Chairperson:

Thank you for serving as your club's Neidig Chairperson for this year's Camp Neidig program.

This letter is intended to make your job easier. On the back of this form there is an easy to use check list that ensures you will do a great job. Experience has shown that the steps outlined on the following page are the most efficient way to provide a successful camp experience for both your campers and your club. **Please read and follow these procedures carefully.** It is especially important that the **Club Reservation Form** and **Camper Reservation Forms** be completed by their **deadlines**. *Please note all these forms are available online only this year!*

This year all registrations must be completed on the Camp Neidig website:

- To register your club, go on line to <http://www.campneidig.com/clubregister> (username: rotaryclub password: neidig12) Send your check separately to Barry Haydt.
- To register your campers, go on line to <http://www.campneidig.com/register> (username: rotaryclub password: neidig12)

We are extremely proud to note that the Camp Neidig Program does not receive any money from the District. The Program is funded 100% by the small camper tuition charged to the clubs. The committee and staff have worked diligently to keep costs at a minimum and we feel the value of the camper experience is priceless. We hope you keep this in mind when we enforce our no refund policy after June 1st. We understand that emergencies and illnesses may cause a last minute cancellation and we hope that you will be happy to know that your club's contribution helps to sustain an amazing Rotary Program.

Thank you for your support of Camp Neidig. Let's make this a great camp experience for our youth of today – the leaders of tomorrow!

Yours in Rotary,

Charles J. Incalcaterra, DMD
Co-Chairman, District 7430 Camp Neidig Committee
cjdmmd@ptd.net

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



Club Reservation Form

Instructions:

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

Please note: Registration is not complete until payment is received!

2. Complete payment stub below and mail to:

Barry Haydt
506 East Locust Street
Fleetwood, PA 19522

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Camp Neidig Club Payment

Club Name: _____

Payment of \$230 x _____ campers = \$_____ enclosed

Please note: Make checks payable to **Rotary's Camp Neidig – District 7430**
Refunds of \$50 will be given until June 1st. After that NO refund will be made.

Club Neidig Chairperson Information:

Name: _____

Phone Number: _____

Email Address: _____



IMPORTANT CHAIRPERSON CHECKLIST

- Complete the online CLUB REGISTRATION FORM and mail payment to Barry Haydt by May 1st.** Indicate the total # of students your club plans to send to camp. **The reservation fee of \$230 per camper must accompany each reservation.** This fee is **NON-refundable** after June 1st.
- Contact the Principal or Director of Guidance at your high school(s) as soon as possible.** Ask him/her to recommend students **completing the 11th grade** who have exhibited leadership potential and who would benefit from advanced leadership training. You can also canvas the members of your club. Rotarians' children often make the best campers. Please note that **no campers are allowed to leave camp for any reason except for a family emergency.** This policy is **strictly enforced**, so make sure your student will be able to attend the entire camp.
- Make sure your name and phone numbers are on all student information packets.** Individual clubs have various methods of camper selection. Some leave the selection process entirely in the hands of school personnel, and some very hands-on clubs meet with and interview potential campers before making a selection. **However you handle the selection process, it is important that students and their parents know who you are and how to contact you.**
- Confirm the parent/guardian has completed the online Individual Registration Form by June 1st.** The students also need to make sure all information is completed on the health information form as well prior to attending camp. **This deadline is extremely important** for the District Committee to plan for a successful operation.
- Contact your campers and their parents.** Make sure they have reviewed and understand all the information in their packets. Encourage them to visit the website for new information and announcements. Answer any questions or concerns.
- Make sure your campers are aware of the Camper Health Examination Form.** A licensed physician **MUST** complete this form **within one month of camp**, and it **MUST accompany the student to camp**. Please note that **this form has two sides**. No students can be admitted to camp without this form!
- It's YOUR responsibility to see that students arrive at camp on Friday between 1-2:30 PM and has a ride home Monday Night.** The Camp program begins promptly at 3:00 PM! If your club transports the student, make sure all arrangement have been made. **Campers are not permitted to have their own vehicles at camp.** If parents are transporting the student, make sure every student has a ride. **Please do not arrive before 1 PM**
- It's YOUR responsibility to see that each camper has a ride home after camp.** If the camper's parents are unable to bring him home, make sure the camper gets a ride with another camper or a Rotarian. It is extremely embarrassing to find a camper left without a ride home at the conclusion of camp.
- Encourage other Rotarians to attend Neidig Night.** Monday night is the culmination of camp. "Neidig Night" is held not only for the student, but also for the benefit of parents and Rotarians. Encourage you club president to designate this as you regular meeting for the week and get your members out for a great evening! Encourage spouses to come along and **invite the parents of the campers** to attend. This is a great way of exposing Rotary's activities to the public! Join the fellowship and family dinner and see a great program in action. Information on this dinner is enclosed with this packet. *(Neidig Night also often qualifies as a make-up meeting for Rotary)*
- Invite your campers to your Rotary club meeting.** After camp is over in June, invite your campers to return to your club with a report of their activities. Most clubs find this a very rewarding program, as it is a way to see tangible results for their dollars!



EVERYTHING YOU NEED TO KNOW ABOUT CAMP NEIDIG BUT WERE AFRAID TO ASK

- **GENERAL**

Camp Neidig is a four-day leadership camp for High School Juniors that is sponsored by Rotary District 7430. The program is a combination of outside speakers and leadership problem solving activities. It culminates with Neidig Night which includes a chicken BBQ for families, staff and Rotarians, and the closing ceremonies which is designed by the campers and during which outstanding campers are recognized.

- **CAMP NEIDIG FACTS**

Location: Camp Manatawny, near Boyertown (map enclosed)

When: Starts between 1:00-2:30 pm on Friday, June 15th
Ends on Monday, June 18th at 6:00 pm with Neidig Night – a chicken BBQ and closing ceremony

Cost: \$230 per camper – slight increase from last year.

ON LINE REGISTRATION FOR YOUR CLUB AND CAMPERS!!

- To register your club, go on line to <http://www.campneidig.com/clubregister>
(username: rotaryclub password: neidig12) Send your check separately to Barry Haydt
- To register your campers, go on line to <http://www.campneidig.com/register>
(username: rotaryclub password: neidig12)

Websites: www.campneidig.com – for the latest news on Camp Neidig, **including all forms and letters** for downloading. We encourage all campers, parents, and Camp Neidig Chairpersons to check our site on a regular basis for any important information.

www.manatawny.org - for information on the campgrounds, including directions.

- **QUESTIONS?**

Call any of the Camp Neidig Committee.

Co-Chair:	Charlie Incalcaterra	610-867-8251 (W)	484-515-4119 (Cell)
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)	
Camp Manatawny General Office		610-689-0173	



Camp Neidig
Rotary's Youth Leadership Camp

www.campneidig.com

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)



IMPORTANT DEADLINES!

MAY 1 – CLUB REGISTRATION (completed online and check mailed to Barry Haydt)

Indicate the total number of students your club plans to sponsor.

You must include a reservation fee of \$230 per camper.

This fee is non-refundable after June 1

JUNE 1 –INDIVIDUAL RESERVATION (complete online)

Please review to make sure all information is complete.

JUNE 8 – CHICKEN BBQ TICKET ORDERS (*Please Mail Chicken BBQ Orders to Brad Dengler*)

For any Rotarians from your club who wish to attend – don't forget yourself! – and any tickets you want to purchase for campers' families. **Do not include campers.**

If your club does not purchase tickets for campers' families, you should follow up with them to see that they order by the deadline. Vegetarian patties on a roll are also available at the same price.

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CHICKEN BBQ ORDER FORM

Orders due by June 8

Name	Rotarian	Family member

_____ @ \$15 each = _____
BBQ tickets ordered Total \$ enclosed

_____ @ \$15 each = _____
Veggie tickets ordered Total \$ enclosed

Make checks payable to:
"Rotary – Camp Neidig"
Do not include Campers!!!

***Mail To: Brad Dengler
62 Winchester Ct.
Reading, PA 19606***

Send tickets to: _____

A copy of this form will be returned to you 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.
Problems? Questions? Call Brad at (610) 406-9029 or email at bmd1119@aol.com

**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)