



Camp Choconut

PO Box 10 - Friendsville, PA 18818 (570) 553-2995

Winter address: 5790 Robin St., St. Paul, MN 55126 (651) 338-3042

www.campchoconut.com

fred.lorber@campchoconut.com

Dear Parent/Guardian,

Hello and thank you for considering Camp Choconut. We are actively engaged in preparations for our 86th season here at Choconut. The rich heritage and time-tested traditions are part of what makes Camp Choconut unique and a perfect camp choice for your son. We continue to develop and add challenging new programs and activities each year to our popular six-week Camp Craft program. This wildly popular program features such traditional outdoor activities that include, back-packing/trail discovery, knife/hatchet safety, fire building, tent and tarp set-up, knot tying, outdoor cooking, orienteering/compass use, and more!

Our unique canoeing activities, swimming program, and boating are favorites and are available to all boys who pass the required lake safety test (safety is always first here at Camp!). Of course for those boys already experienced in some of these areas, we will work on proficiency and new ways for them to test their limits and gain greater satisfaction and self-confidence – all while having FUN!

Our camp philosophy is to “*grow the whole boy.*” We try to find creative and entertaining ways to educate and challenge each boy, every day. Part of that growth process includes FUN, and we at Camp Choconut really know how to have fun. Consider Camp Choconut’s Big Games. They include: Flour Bomb War, Choconut Olympics, the Choconut Triathlon, the War of 1812, the Choconut Overnight, and the very exciting, camp-wide Counselor Hide-n-Seek game. Of all the games we play, the biggest and most anticipated asked-for game we have is the three-day long – VILLA HUNT! This is the game that will be remembered and talked about for a very long time!

The older or more experienced campers will have the opportunity to go on a 4-day/3-night canoe trip where we focus on canoe and camping skills. Sharing in this activity results in strong, lasting relationships among the boys. Our younger campers may experience a 3-day/2-night trip to a State Park (Ricketts Glenn State Park) to explore nature, learn outdoor survival basics, and learn how to work as a team. All this is on top of our weekly overnight or multi-night hikes.

We are very excited about the 2010 season. Our knowledgeable and experienced staff, combined with innovative and engaging activities, will make for a summer filled with adventure, new skills and close friends. We’re happy you are thinking of having your son join the Choconut family.

Enclosed are our 2010 schedule and fees, as well as the Parent Information Packet to help you get a jump on registering your son. We offer significant discounts for early registration and referrals. I hope you will take advantage of both. It would be my pleasure to talk with you if you have any questions after looking over this material. In addition, I would be more than happy to provide you with references from parents of former Choconut campers.

Sincerely,

Fred Lorber
Director, Camp Choconut

The 2010 Camp Choconut Season

The 6-week session will run June 26th – August 7th. Tuition is \$4,000.00

The 3-Week session will run June 26th – July 17th. Tuition is \$2,500.00

Parent's Visitation Day is Saturday, July 17th.

We are offering the following discounts:

- A 10% discount for applications with deposits of \$500.00 or more sent in before January 15th, 2010.
- A 5% Discount for applications with deposits of \$500.00 or more sent in after January 15th, but before February 15th.

In addition to the above discounts, we are offering the following discounts for referrals:

- A \$250.00 discount for the first referral that becomes a camper.*
- A \$150.00 discount for each additional referral that becomes a camper.*

Full tuition is due by May 28th, 2010.

**Referrals are considered those to be outside the immediate family.*

Please get your application/deposit in early. We are limiting this year's enrollment to 50 boys.

The enclosed Parent Information Packet and individual forms can be downloaded from our Web site as either a PDF or a Word document.

The Camp Store will be open for incidentals such as flashlights, batteries, toothpaste and tooth brushes, fishing lures, socks, etc. We ask that parents credit their child's store account with \$50.00. Please send this check, along with your tuition payment. Any monies not used during the summer will be returned at the end of our camp session. Please submit this as a separate payment along with your tuition payment.

S. Hamill Horne, camp's previous director for 25 years, wrote a wonderful account of the history of Camp Choconut entitled, *Camp Choconut, a History of the Boys' Camp near Friendsville, Pennsylvania*. A copy of this book can be obtained by sending a \$25.00 tax-deductible donation to**:

The Friends of Camp Choconut
656 Cheyney Road
Glen Mills, PA 19342

**Please add a note along with your check that you would like the history book as a gift. A receipt for your tax-deductible donation will be mailed to you under separate cover.



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Camper Application Summer Session 2010

Camper's Name _____ Age _____ Date of birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Camper's Email (optional) _____

Parent/Guardian Name _____

Occupation _____ Work Phone _____ ext. _____

Cell Phone _____ E-mail _____

Parent/Guardian Name _____

Occupation _____ Work Phone _____ ext. _____

Cell Phone _____ E-mail _____

Current medications (all medications MUST be given to the Director/Primary Care Staff on arrival):

1) _____

2) _____

3) _____

4) _____

Emergency Contacts:

Primary Physician _____ Phone _____

Primary Psychiatrist/ Psychologist _____ Phone _____

Primary Emergency Contact _____ Home phone _____

Relation to Camper _____ Work phone _____

Email _____ Cell phone _____

Secondary Emergency Contact _____ Home phone _____
Relation to Camper _____ Work phone _____
Email _____ Cell phone _____

Alternate Contact _____ Home phone _____
Relation to Camper _____ Work phone _____
Email _____ Cell phone _____

Insurance Information:

Insurance Company _____
Group Number _____ ID Number _____
Phone _____

Please describe special needs or concerns (bed-wetting, physical handicaps, food allergies, other allergies, etc...):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Other areas of concern you would like to express:



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Camper Questionnaire Summer Session 2010

Camper Name _____

These questions are intended to help us get to know you and your child faster, to understand your expectations and to be aware of problems that might arise. These questions are not intended to be intrusive, nor are they compulsory.

Please call the Director if you would prefer to discuss specific issues. It is our goal to make your child's experience at Camp Choconut safe and rewarding.

What are *your* goals for your child during this summer experience? _____

What are *your child's* goals for this summer experience? _____

What makes your child unique? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

What are your child's biggest challenges or fears? _____

Has your child ever slept away from you for an extended period? If so, where and for how long?

Did your child experience homesickness? If so, what was the outcome? _____

What do you expect from your child's counselor? _____

Are there special circumstances at home that we should know about? _____

Please share any additional information here: _____



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CAMPER

Camper Name _____ Age ____ DOB __/__/_____

Address _____ Grade _____

MEDICAL

HISTORY

__ **Check here** if separate sheets have been attached to provide additional information.

Have you had in the past year:	No	Yes	Please explain "yes" answers and give dates.
Any injuries requiring medical attention?			
Any surgical operations or hospitalizations?			
Convulsions or seizures for which you are being treated?			
Recurrent headaches?			
Asthma, breathing difficulty or cough with exercise? Inhaler?			
The use of only one eye or a history of any injury to the eye?			
Heart murmur, heart problems, history of rheumatic fever?			
Has any member of your family died suddenly of a heart-related issue?			
High blood pressure?			
Only one kidney or one or both testicles not descended?			
Any problems with neck, back, shoulder, hips, or knees?			
Diabetes (sugar)			
Hemophilia (are you a bleeder?)			
Anorexia, bulimia or eating disorder?			
Mononucleosis?			
Chest pain with exercise?			
Do you tire quickly?			
Had any allergic reaction to medications or insects?			

Camper Name _____

Wear glasses, contacts or medical braces during sports activity?			
Is any doctor currently treating you for any disorder?			
Are you currently taking any medications?			
Any problems with your health that might affect your ability to participate in athletic activities?			
Do you know of any reason why you should not participate in any specific athletic activity?			

Release:

In the event of a medical emergency, I grant permission for the staff of Friends of Camp Choconut, Inc. to perform supportive measures until I can be contacted, professional medical personnel can attend, or transportation to a medical facility can be arranged. I authorize the Camp Director, or a person authorized by him, to make decisions regarding the medical care of my child. I also certify that the answers to the above answers are correct and true.

Parent/Guardian Signature _____ Date _____

Doctor's Statement:

I certify that _____ has had a physical in the last two years, that he is current with all his vaccinations (including tetanus), and that he is in good physical condition to participate in all the activities at Camp Choconut.

Doctor's Signature _____ Date _____

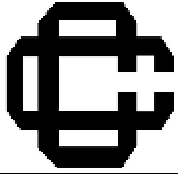
Doctor's Printed Name _____ Phone () _____

Medical Insurance:

Company _____ Phone: _____

Account number(s): _____

Please include a copy of yours or your child's Insurance Card



Consent for Administration of Over the Counter Medications
Summer Session 2010

Camper's Name: _____ Age: _____

Allergies: _____

List any long-term medications now receiving _____

Check Medication if OK to give at Camp. Indicate dosage if applicable.

_____ Anti-itch Gel (Cala-Gel)

_____ Medcaine Swab Sting & Bite relief _____ 3 in 1 Antibiotic Ointment

_____ Other: _____

_____ Advil (Ibuprofen) Under 12 yrs: 5mg/kg P.O. q6-8 hrs prn
12 yrs or older: 200-400 mg P.O. q4-6 hrs prn

_____ Tylenol (Acetaminophen) Under 12 yrs: 160mg-640 mg P.O. q4-6 hrs prn
12 yrs or older: 650 mg P.O. q4-6 hrs prn

_____ Benadryl (Diphenhydramine) 6-12 yrs: 12.5-25 mg P.O. q4-6 hrs prn
12 yrs or older: 25-50mg P.O. q4-6 hrs prn

_____ Sunscreen lotion

_____ Insect repellent

_____ I do not want any medication given to my child.

Notes:

PARENT/GUARDIAN SIGNATURE

_____ Date _____

Campers Clothing and Equipment List

While ticks are not a problem at Camp Choconut, light-colored clothing is preferred. We also recommend an insect repellent called Repel. It is a plant based insect repellent. You can read more about here: <http://www.repel.com/ProductCategories/Insectrepellents/LemonEucalyptus/>

Please label everything with indelible marker, or engraving.

Digital devices, including digital cameras, radios, DVD/CD players or other electronic devices are not allowed. Also, CARE packages that include food or candy are not allowed. Of course, missing items or additional clothing/equipment items may be sent via attention the Camp Director.

Awareness, care and responsibility are part of our program, but children are prone to lose and break equipment. We do not encourage you to buy cheap gear, but we do suggest that you consider that it might come home broken, or perhaps not at all, when making your purchases.

General Gear:

- Backpack over 2500 cubic inches
(Make sure it fits properly by conferring with a qualified supplier).
- Waterproof Pack Cover
- 3-season, camping sleeping bag, which includes a stuff bag.
- Therm-a-rest (or similar) sleeping pad
- 8 x 10 or 10 x 12 Poly Tarp w/grommets
- Leather work gloves
- 2 Nalgene Water Bottles
- Swiss army knife (do not buy an imitation or Multi-tool)
- Flashlight or headlamp with batteries
- Mess Kit (including drinking cup)

Clothing:

- 2 pairs of Shorts
- 7 T-shirts (at least one white)
- Long-sleeved button up quick dry top
- Micro-fleece top/Sweater
- 1 Sweatshirt
- 2-3 Pair of work Jeans or other cotton trousers
- Quick dry pants
- Long underwear tops and bottoms
- 10 – 12 pair of light-colored socks
- 10 – 12 pair of underwear
- 2 pair of pajamas/sleepwear
- 1 pair of swimming trunks/swimwear
- 2 pair of sneakers

- Camp footwear (sandals, water shoes)

Crocs are prohibited and will be confiscated until the end of camp)

- Light-weight leather or water resistant hiking shoes or boots
- Rain jacket and pants

Other Necessities:

- 1 Trunk/Foot Locker – **Mandatory** (These may be provided for rental on a first come, first serve basis. Quantities are limited)
- 2 – 3 bath towels
- Pillow
- 2 pillowcases
- 1 Blanket (preferably wool – for cold mountain nights)
- 2 sets of Twin Size Bed Sheets (to include fitted bottoms.
- 2 Bandanas (one Red, one Blue)
- Hygiene Items – toothbrush, hairbrush, tooth paste, shampoo, floss, etc...
- Writing Pad and Pens
- Sun hat (baseball cap is fine)

Extras:

- Disposable or film-based camera
- Favorite sports equipment
- baseball bat, glove & ball
- Light fishing tackle for bass, bluegills & sunfish
- Tennis racket and balls
- Football
- Favorite books



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Waiver and Release from Liability

Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Phone 2 (_____) _____

Email _____

In consideration of being allowed to participate in any way at Camp Choconut related events and activities, the undersigned:

1. Agree that the participant should inspect the facilities and equipment to be used and if the participant feels anything is unsafe, he or she should immediately advise a member of the Camp Choconut staff of such condition(s) and refuse to participate.
2. I consent to allow my child to leave camp for Camp Choconut sponsored trips and activities.
3. Acknowledge and fully understand that each participant will engage in activities that involve risk of injury, including permanent disability and death, and severe social and economic losses, which might result not only from their own actions inactions, or negligence but the action or inaction and negligence of others, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
4. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue Friends of Camp Choconut, Inc. Camp Choconut, its administrators, directors, agents, and other employees of the organization, other members/participants, sponsors, and owners of the premises, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
6. I hereby release, indemnify and hold harmless Camp Choconut, Friends of Camp Choconut, their owners, officers, agents and employees from all liability for damage, injury, death or illness to my child or his property relating to or deriving from my camper's presence at Camp Choconut or participation in Camp Choconut sponsored trips and activities whether arising from an act or omission, negligent or otherwise, by the releases or otherwise to the fullest extent permitted by law.

Camper's Name _____

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Signature of Parent/Guardian _____ Date _____



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Camp Choconut may use photographs of campers, counselors, employees, parents and camp activities in printed material, on its web site and on its blog. Although a first name may occasionally be used, it is the Camp's policy not to use last names, addresses or telephone numbers.

We are sensitive to the fact that there may be reasons not to use the image of your child. If this is the case, please contact the Director. Please list the names of all your children who will visit camp and if both parents will visit they will both need to sign a release.

We will also need a release from the parent or guardian of children who are coming as your guest.

Photo Release

I hereby give my consent for Friends of Camp Choconut, Inc. to use my photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

I acknowledge that since my participation and the participation of my child in publications and websites produced by Camp Choconut is voluntary, I will receive no financial compensation.

I further agree that my participation and the participation of my child in any publication and website produced by Camp Choconut confers upon me no rights of ownership whatsoever.

I release Friends of Camp Choconut, its contractors and its employees from liability for any claims by me or any third party in connection with my participation and the participation of my child.

Parent/Guardian Signature: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



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Financial Aid Application

*The **completed Enrollment Application** should be mailed with the camper application whenever possible. If the financial aid application is mailed separately, it should be received by Camp Choconut by April 15, 2010 at the latest. The information you supply will be kept confidential; only people directly concerned with granting financial aid will see it. It is very important that you supply all the information requested. Given the number of applications and the limits of the Financial Aid we can offer, the Awards Committee can most favorably consider an application that is clear and complete. If information is missing, this may result in the application being delayed or turned down. We encourage you to use the back of these sheets or a separate sheet of paper if needed. **Please complete one (separate) application per child.***

Camper's Name _____

Date of Birth _____ Age on June 1st, 2010 _____ Grade in September 2010 _____

Length of Session: 3 weeks 6 weeks Camper attended Camp Choconut last year: yes no

Applied for financial aid last year: yes no Received financial aid last year yes no

If yes, amount received: \$ _____

Camper lives with:

Name _____ Relationship _____

Name _____ Relationship _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Phone 2 (_____) _____

Email _____

Occupation: _____ Position: _____

Employer: _____ Phone: (_____) _____

Address _____

City _____ State _____ Zip _____

If you are unemployed, please give most recent position, employer, city, telephone, and dates of employment:

Partner Name: _____

Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Email _____

Occupation: _____ Position: _____

Employer: _____

Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Email _____

If partner is unemployed, please give most recent position, employer, city, telephone, and dates of employment:

Your *yearly* income from work *before* deductions for taxes and social security: \$ _____

Partner's *yearly* income from work *before* deductions for taxes and social security: \$ _____

Your *yearly* income from any other sources *before* deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc.: \$ _____

Partner's *yearly* income from any other sources *before* deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc.: \$ _____

Your *yearly* subsidy income, such as free housing, food stamps, etc.: \$ _____

Please explain: _____

Partner's *yearly* subsidy income, such as free housing, food stamps, etc.: \$ _____

Please explain: _____

Please complete the next section if applicable:

If you are separated, does one parent pay child support to the other? yes no

If yes, please explain who pays who and how much is paid per year: _____

Your home: House Apartment Home is: Owned Rented

Monthly payment or rent on home: _____ Market Value of home owned: _____

Mortgage on home: _____ Other Loans: _____

If living apart, other person's home is: House Apartment Home is: Owned Rented

Monthly payment or rent on home: _____ Market Value of home owned: _____

Mortgage on home: _____ Other Loans: _____

Vehicles: 1. _____ 2. _____
brand, model, year *brand, model, year*

Other assets owned by above parties or dependents and their value. Include stocks, cash value of insurance, and major property not named above such as land, vehicles, boats, buildings, etc.:

Dependents (include Camper):

1.	_____	_____	_____	_____
	<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Amount of tuition</i>
2.	_____	_____	_____	_____
	<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Amount of tuition</i>
3.	_____	_____	_____	_____
	<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Amount of tuition</i>
4.	_____	_____	_____	_____
	<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Amount of tuition</i>
5.	_____	_____	_____	_____
	<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Amount of tuition</i>

Are any dependents only yours? _____

Only your partner's? _____

Please explain: _____

Family Medical expenses other than routine care (include orthodontics): _____

Other special expenses (you may use the back of this sheet or a separate sheet). If either of you is a student, please name the school, the program, the number of credit hours, the goal of the studying, and the expenses to you:

Please supply as much additional information as possible to provide a complete picture of your family's financial situation, including other adults who contribute to the financial well being of the applicant:

	<u>3 Weeks</u>	<u>6 Weeks</u>
If I really stretch, I can pay:	\$ _____	\$ _____
Therefore, my request is:	\$ _____	\$ _____
To make up the tuition total of:	\$ 2500	\$ 4000

I have sent in the camper application for my child.

Your Signature: _____ Date: _____

Your Name (Printed): _____

Printed name of child: _____

We expect to notify you of the Awards Committee's decision by May 1st. If you decide you need to cancel, all tuition paid up to that time is refundable.

On the preceding pages we have asked about your family's financial status. On the next page, we would like you to provide us with any other information in regard to why you feel that attending Camp Choconut would be beneficial to your child:

This page intentionally left blank to add your narrative.