

## 2016 CAMPER REGISTRATION FORM

Select Camp:      Pioneer      Adventure      Pathfinders      Discovery  
June 9-11                      June 12-18                      June 19-25                      June 26-July 2

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ (entering fall '16) Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail (parent) \_\_\_\_\_ (camper) \_\_\_\_\_

Home Church (name, city) \_\_\_\_\_

Cabin Mate (if choosing) \_\_\_\_\_

Is there anything camp staff should know to help your child thrive while at camp?

Otyokwah takes photos and video at camp for promotional purposes. Accordingly, campers may be photographed and/or videoed while participating in camp activities. Therefore, every Otyokwah guest, by visiting the camp, acknowledges and agrees that these photos and videos may be taken and used in Otyokwah's products and promotional materials, unless Otyokwah is notified in advance in writing.

<u>Camp Fees</u>	<u>Early Fee</u>	<u>Postmarked</u>	<u>Regular Fee</u>	<u>Postmarked</u>
Pioneer Camp	\$82	May 3	\$107	May 24
Adventure Camp	\$255	May 10	\$290	June 1
Pathfinders Camp	\$255	May 17	\$290	June 7
Discovery Camp	\$255	May 24	\$290	June 14

**PLEASE MAKE CHECKS PAYABLE TO "CAMP OTYOKWAH"**

<b>CAMP FEES ENCLOSED</b>
\$ _____

### CAMPER MEDICAL INFORMATION

**Medical Insurance**

Family Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Each camper must submit a photocopy of their medical card (front AND back).

Camp Otyokwah does not provide medical insurance to campers. Parents/guardians are responsible for any medical costs.

<b>Date of last Tetanus Shot</b>
____/____/____

**Special Conditions**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bedwetting  | <input type="checkbox"/> Allergies                | <input type="checkbox"/> Handicap             |
| <input type="checkbox"/> Convulsions/Seizures  | <input type="checkbox"/> Hayfever/asthma/wheezing | <input type="checkbox"/> Speech Problems      |
| <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Eczema/skin rashes       | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Shortness of Breath   | <input type="checkbox"/> Sleepwalking             | <input type="checkbox"/> Emotional/Behavioral |
| <input type="checkbox"/> Frequent earaches/sore throat <input type="checkbox"/> Recently Exposed to infectious diseases (ringworm/lice, etc) |   |   |
| Other: _____   |   |   |

CONTINUE ON NEXT PAGE ----->

## Surgeries and/or Hospitalizations

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_

## Allergies to Medications

Medication \_\_\_\_\_ Reaction \_\_\_\_\_

Medication \_\_\_\_\_ Reaction \_\_\_\_\_

How does the camper react to injury or illness? (i.e. pain tolerance, minimizes injury, dramatic, etc.)

\_\_\_\_\_  
Please include any other information that would be helpful in an emergency.  
\_\_\_\_\_

## Medications

MEDICATIONS MAY ONLY BE ADMINISTERED IF IN THE ORIGINAL BOTTLE.

The resident health professional functions under the direction of a medical doctor. Medications in any containers other than the original bottle may not be dispensed. Medications prescribed to someone other than the camper may not be dispensed.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Please place medications, in the original bottle, in a plastic bag with the camper's name on it.

## REQUIRED FOR EACH CAMPER:

If I cannot be reached in an emergency, I give permission to Camp Otyokwah personnel to provide emergency medical treatment, including hospitalization, for my child. I also give the resident health professional permission to administer nonprescription medications as deemed necessary.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_-\_\_\_\_-\_\_\_\_ (W) \_\_\_\_-\_\_\_\_-\_\_\_\_ (C) \_\_\_\_-\_\_\_\_-\_\_\_\_

Additional Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (H) \_\_\_\_-\_\_\_\_-\_\_\_\_ (W) \_\_\_\_-\_\_\_\_-\_\_\_\_ (C) \_\_\_\_-\_\_\_\_-\_\_\_\_

MAIL COMPLETED REGISTRATIO'N & MEDICAL FORMS WITH PAYMENT AND COPY OF YOUR  
MEDICAL INSURANCE CARD TO:

Camp Registrar, Camp Otyokwah, 3380 Tugend Road, Butler, OH 44822

QUESTIONS? Please call us at 419-883-3854, or go online to [otyokwah.org/register](http://otyokwah.org/register)