

2017 CAMPER REGISTRATION FORM

Select Camp: Pioneer Adventure Pathfinders Discovery
 June 8-10 June 11-17 June 18-24 June 25-July 1

Camper Name _____
 Address _____
 City _____ State _____ Zip _____
 Grade _____ (entering fall '17) 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	\$85	May 2	\$110	May 24
Adventure Camp	\$265	May 9	\$300	June 1
Pathfinders Camp	\$265	May 16	\$300	June 7
Discovery Camp	\$265	May 23	\$300	June 14

**CAMP FEES
ENCLOSED**

\$ _____

PLEASE MAKE CHECKS PAYABLE TO "Camp Otyokwah, Great Lakes Conference"

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.

Date of last
Tetanus Shot

__/__/__

Special Conditions

Bedwetting Allergies Handicap
 Convulsions/Seizures Hayfever/asthma/wheezing Speech Problems
 Heart Trouble Eczema/skin rashes Diabetes
 Shortness of Breath Sleepwalking Emotional/Behavioral
 Frequent earaches/sore throat 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 REGISTRATION & 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