

CAMPER REGISTRATION

2009 REGISTRATION FORM AND INFORMATION

OTYOKWAH CAMP AND RETREAT CENTER

Additional Medical Information

Medications:

Note: The resident Health Professional functions under the direction of a medical director. **Medications may only be administered if in the ORIGINAL BOTTLE.** Medications in plastic bags or other pill containers cannot be dispensed. Medications prescribed to someone other than the camper may not be dispensed.

Medications to be taken during camp:

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED FOR EACH CAMPER:

If I cannot be reached in an emergency, I give permission to Otyokwah Camp & Retreat Center 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's Signature _____

Parent/Guardian's Name (printed) _____

Address _____

Phone (H) ____ - ____ - ____ (W) ____ - ____ - ____ (C) ____ - ____ - ____

Additional Emergency Contact _____

Relationship _____

Phone (H) ____ - ____ - ____ (W) ____ - ____ - ____ (C) ____ - ____ - ____

Mail completed forms with payment and copy of Medical/Insurance card to:

Camp Registrar
Otyokwah Camp & Retreat Center
3380 Tugend Road
Butler, OH 44822

Questions about Registration?
Please call 419-883-3854

2009 YOUTH CAMPS

PIONEER CAMP

June 11-13

Entering 2nd and 3rd grade

Dean: David Welker 419-422-7365

Noah's Ark Adventure!! Come for two great days at Camp Otyokwah as Pioneer Campers will learn about the importance in trusting in God as we board Noah's ark together.

SENIOR HIGH CAMP

June 14-20

Entering 10th grade through College Freshman

Dean: Cyle Young 330-806-0995

In the early days of 1776, the Founding Fathers treasure to preserve the future liberty, security, and independence of America. Uncover the clues and unlock the mysteries and perhaps you will unearth the treasure of the Founding Fathers.

JUNIOR HIGH CAMP

June 21-27

Entering 8th and 9th grade

Dean: Cayle Agler 419-363-3586

Come join us for an awesome week with rafting, campfires, praise and worship time and lots of fun! Learn about chasing lions and about God's plan for YOUR life. What?! Are these two things related? Come find out.

INTERMEDIATE CAMP

June 28-July 4

Entering 6th and 7th grade

Dean: Greg DeRodes 330-345-1359

Do you feel like you're walking in the dark? Do you feel like you just blend in?

If so, you need to get plugged in and spend an amazing week with us making new friends, worshipping, playing SafeHouse, and being charged up with God's love! By the end of the week you'll be glowing for God!

JUNIOR CAMP

July 5-11

Entering 4th and 5th grade

Dean: Kevin King 419-680-4224

God R.O.C.K.S! But do you know how much? Come and join us for a week of fun as we:

Remember what God has done for us. **L**earn how to be **O**bedient to God. **C**elebrate how God has worked in our life. **K**now God and Experience His plan for our **S**alvation.

CAMP FEES

	<u>Reg. Fee</u>	<u>Deadline</u>	<u>Late Fee</u>	<u>Deadline</u>
Pioneer Camp	\$ 75	May 16	\$ 100	May 30
Senior High Camp	\$ 215	May 23	\$ 250	June 6
Junior High Camp	\$ 215	May 23	\$ 250	June 6
Intermediate Camp	\$ 215	June 6	\$ 250	June 20
Junior Camp	\$ 215	June 6	\$ 250	June 20

REGISTRATION INFORMATION

GENERAL REGISTRATION INFORMATION

1. Register early. All camps are filled on a first-come, first-served basis.
2. Complete a registration and medical form for each individual registering for camp.
3. Camp fee includes lodging, meals, Bible study materials, color camp photograph, recreational activities on the campgrounds, and a \$50 non-refundable deposit.
4. **All registration applications must include full payment of camp fee and be received at Camp Otyokwah by the deadline date.** Make all checks payable to: Camp Otyokwah.
5. **Mail registrations to Camp Otyokwah**, not the Conference office in Findlay.
6. Churches paying all or part of the registration fee should send a separate check for each week of camp with a list of campers for whom payment is intended. **This must be paid by the deadline date.**
7. Any questions, please call Camp Otyokwah, 419-883-3854.

MEDICAL FORM, INFORMATION, and COPY OF MEDICAL/INSURANCE CARD

1. Each camper and staff person must submit: 1) A completed (both sides) and signed medical form. 2) Photocopy of front and back of health insurance card. Hospitals now need all the billing information and phone numbers, not just the policy number.
2. Prescription and non-prescription medications brought to camp must be in the **original containers**. Each camper's medication is to be put in a re-sealable plastic bag labeled with camper's name and given to the camp health professional at arrival.
3. Camp Otyokwah does not provide supplemental medical insurance for campers. Parents or guardians are responsible for medical insurance.

WHAT TO BRING

Bible, notebook, pen, pencil, flashlight, sleeping bag/bedding/pillow, camp clothes, extra shoes, one-piece bathing suit, pajamas, robe, towels/washcloths, soap, shampoo, deodorant, comb, brush, jacket/sweater/sweatshirt, special medicines and supplies, ball glove/athletic supplies, rainwear, camera.

WHAT NOT TO BRING

Electronic devices (i.e., cell phones, I-pods, MP3's, video games, etc.) silly string, fireworks, squirt guns/balloons. Items considered inappropriate will be confiscated and returned at the end of the week.

CHECK-IN AND DISMISSAL

1. Camp runs from Sunday to Saturday. (Thursday to Saturday for Pioneer Camp.) **Check-in is from 3:00 — 5:00 p.m. on Sunday.** Dismissal is at 11:00 a.m. Saturday. All campers must leave by noon.
2. Campers may purchase camp store cards at check-in. Money remaining at the end of camp will be refunded (Note: Camp Otyokwah will **not** be responsible for money lost during the week).
3. Parents' requests for other check-in or dismissal times must be submitted in writing and will be honored only when possible.
4. If someone other than a parent will be picking up a camper, the parent must send along a signed note listing the camper's name, name of person picking up the camper and the date and time of departure.
5. Following check-in, parents are encouraged to stop by the Dining Room for a refreshing beverage and fellowship before leaving camp.

CAMPER BEHAVIOR POLICY

1. Campers are to respect staff, other campers, animals and plants. Mistreatment will not be permitted.
2. Campers should wear modest and casual clothes. Footwear is to be worn at all times.
3. Campers are expected to participate in all planned activities.
4. Drugs, alcohol and tobacco are not permitted on camp property.
5. Once at camp, campers will leave the grounds only with the Dean's permission.
6. Campers are expected to submit to the authority of camp staff.

SEND MAIL TO CAMPERS AT OTYOKWAH:

Camper's Name, Week of Camp
Camp Otyokwah
3380 Tugend Road
Butler, OH 44822

Otyokwah Camp & Retreat Center does not permit discrimination because of race, color, sex, handicap or national origin.

2009 CAMPER REGISTRATION FORM

Camper Name _____
 Address _____
 City _____ State _____ Zip _____
 Grade ____ (for fall 2009) Age ____ Birth date ____/____/____ M ____ F ____
 Parent/Guardian _____
 Phone (H)____-____-____ (W)____-____-____ (C)____-____-____
 Email (parent) _____ (camper) _____
 Church Attending (Name, City) _____
 Cabin mate Choice _____

Select Camp:

- Pioneer, June 11-13
 Senior High, June 14-20
 Junior High, June 21-27
 Intermediate, June 28-
 July 4
 Junior, July 5-11

CAMP FEES ENCLOSED:
 Regular Fee \$ _____

Checks payable to:
"Camp Otyokwah"

Camper, please read and sign: *I have read and agree to obey the Camper Behavior Policy at Camp Otyokwah.*

Camper's Signature _____
Is there anything the camp staff should know to help your child have the best week possible? _____

I give Camp Otyokwah permission to use my child's likeness for promotional purposes including but not limited to print-based and internet-based advertising and promotion. Parent/Guardian's Signature _____

2009 CAMPER MEDICAL FORM

Camper Name _____
 Address _____
 City _____ State _____ Zip _____
 Age ____ Birth date ____/____/____ M ____ F ____

Camp Attending?

- Pioneer, June 11-13
 Senior High, June 14-20
 Junior High, June 21-27
 Intermediate, June 28-
 July 4
 Junior, July 5-11

Medical Insurance Check box to show copy of medical card attached

Family Insurance Company _____
 Policy # _____
 Parent/Guardian or Spouse _____

Special Conditions/Health History: (please check)

<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Allergies
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Hayfever/asthma/wheezing
<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Handicap	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Eczema/skin rashes	<input type="checkbox"/> Frequent Earaches/Soar Throats
<input type="checkbox"/> Emotional/behavior problems	<input type="checkbox"/> Recently exposed to infectious diseases (ringworm, lice, etc.)
<input type="checkbox"/> Other: please explain _____	

Date of Last Tetanus Shot:

 If more than 10 years ago,
 should have booster before
 coming to camp.

Surgeries and/or Hospitalizations:

Date	Reason
_____	_____
_____	_____

Allergies to Medications:

Medication	Type of Reaction
_____	_____
_____	_____

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

Please include other information that will be helpful in an emergency