

2012 Summer Camp Registration -Information and Form



"Where Friend Meets Friend"

3380 Tugend Road
Butler, OH 44822
Phone: 419-883-3854
Fax: 419-883-3854
E-mail: info@otyokwah.org
Website: www.otyokwah.org
Become a fan on Facebook.

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 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'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
Camp Otyokwah
3380 Tugend Road
Butler, OH 44822

Questions about Registration?
Please call 419-883-3854

2012 YOUTH CAMPS

PIONEER CAMP

Entering 2nd and 3rd grade

Theme In Development. ☺

June 7-9

Dean: Mark Dubler 419-883-3854

SENIOR HIGH CAMP

Entering 10th grade through College Freshman

Theme In Development. ☺

June 10-16

Dean: Cyle Young 330-806-0995

JUNIOR HIGH CAMP

Entering 8th and 9th grade

Theme In Development. ☺

June 17-23

Dean: Jeff Bobb 419-701-9534

INTERMEDIATE CAMP

Entering 6th and 7th grade

Theme In Development. ☺

June 24-30

Dean: Brandon Kelly 330-345-1359

JUNIOR CAMP

Entering 4th and 5th grade

Theme In Development. ☺

July 1-7

Dean: Kevin King 419-680-4224

CAMP FEES

	<u>Early Fee</u>	<u>Postmark Deadline</u>	<u>Reg. Fee</u>	<u>Deadline</u>
Pioneer Camp	\$ 75	May 7	\$ 100	May 28
Senior High Camp	\$ 240	May 14	\$ 275	June 4
Junior High Camp	\$ 240	May 21	\$ 275	June 11
Intermediate Camp	\$ 240	May 29	\$ 275	June 18
Junior Camp	\$ 240	June 4	\$ 275	June 25

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, 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 deposit money into a camp store account at check-in. Money remaining at the end of camp will be refunded (Note: Camp Otyokwah will **not** be responsible for personally held money that is 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.

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

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

2012 CAMPER REGISTRATION FORM

Camper Name _____
 Address _____
 City _____ State ____ Zip _____
 Grade ____ (for fall 2011) 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 7-9
- Senior High, June 10-16
- Junior High, June 17-23
- Intermediate, June 24-30
- Junior, July 1-7

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? _____

Otyokwah regularly takes photos and shoots video at camp to gather materials for promotional and production purposes. Accordingly, during the course of a camper's stay, they may be photographed 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.

2012 CAMPER MEDICAL FORM

Camper Name _____
 Address _____
 City _____ State ____ Zip _____
 Age ____ Birth date ____/____/____ M ____ F ____
Medical Insurance Check box to show copy of medical card attached
 Family Insurance Company _____
 Policy # _____
 Parent/Guardian or Spouse _____

Select Camp:

- Pioneer, June 7-9
- Senior High, June 10-16
- Junior High, June 17-23
- Intermediate, June 24-30
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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