



SUMMER 2021: CAMP OTYOKWAH REGISTRATION FORM

Name _____ Male Female

Address _____ City/State/Zip _____

First Time Camper Grade Entering _____ Birth Date ____/____/____

Home Phone: _____ Camper Email _____

Home Church: _____

Cabin Mate Request (limit 2) 1. _____ 2. _____

Parent(s)/Guardian(s) _____

Parent's E-mail _____

Phone Contact #1 _____ #2 _____

For which camp are you registering? (Grades entering in Fall 2021)

Pioneer (2nd-3rd grade) Senior High (10th-college freshman)
June 3-5 \$110 (\$130 after 5/1) June 6-11 \$275 (\$325 after 5/1)

Jr High (8th-9th grade) Intermediate (6th-7th grade) Camp 45 (4th-5th grade)
June 13-18 \$275 (\$325 after 5/1) June 20-25 \$275 (\$325 after 5/1) June 27-July 2 \$275 (\$325 after 5/1)

Camp Fee:	_____
Store (\$10-15):	+ _____
Tshirt (\$12):	+ _____
Camp Picture (\$5):	+ _____
Scholarship:	- _____
Total Due:	_____
Amount Enclosed*:	_____
* (minimum \$25.00)	

CAMPER HEALTH FORM

Emergency Contact (other than parent): _____

Relationship to camper: _____ Contact # : _____

Does the camper have any challenges in the following areas:

Physical Health Emotional Health Behavioral Health None

If so, please explain so that your camper can receive the best possible care from our staff during their camp session. If more space is needed, please attach a separate piece of paper or call our office. _____

Allergies: _____ Specific Restrictions: _____

Date of last tetanus booster: _____ Immunizations: Complete Incomplete

Family Doctor: _____ Phone: _____

Medications: All medications, except inhalers, are to be given to Camp Medical Staff during check in and all medications must be in their original packaging. If a child is on prescription medication, a doctor's note is required to dismiss him/her from those meds during camp.

Prescription: _____ Non-Prescription: _____

"This Health Form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Camp Otyokwah to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery for my child as named above. I also understand that Camp Otyokwah provides secondary insurance. I am also aware that by signing below I give Camp Otyokwah permission to use photos of registrant in an appropriate manner which includes, but is not limited to, use of photos for promotional material and website content."

Parent/Guardian Signature/Date: _____

Insurance Provider: _____ Policy #: _____

Office Use Only	
Amt Rec'd	_____
Date:	_____
Check #	_____
Balance Due :	_____
Parent Owes:	_____
Church Owes:	_____