



SUMMER 2024: 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 2024)

- Pioneer (2nd-3rd grade) Senior High (10th-college freshman)
June 6-8 \$135 (\$185 after 4/20) June 23-28 \$340 (\$390 after 4/20)
- Jr High 1 (7th-9th grade) Junior 1 (4th-6th grade)
June 9-14 \$340 (\$390 after 4/20) June 16-21 \$340 (\$390 after 4/20)
- Jr High 2 (7th-9th grade) Junior 2 (4th-6th grade)
June 30-July 5 \$340 (\$390 after 4/20) July 7-12 \$340 (\$390 after 4/20)

Camp Fee:	_____
Store (\$20-25):	+ _____
Tshirt (\$15):	+ _____
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:	_____