



SUMMER CAMP REGISTRATION FORM

On-line registration is available at www.ootbay.org. Keep a copy of this completed form for your information. **Please PRINT** and complete **BOTH** sides and return with a non-refundable \$50 deposit (or full payment) to:
Occohannock on the Bay, 9403 Camp Lane Belle Haven, VA 23306

Office Use Only	#On Line
Deposit Amount:	\$ _____
Date Record:	_____
Check #:	_____
Packet Sent:	_____
Discounts:	\$ _____
Scholarship:	\$ _____
Payment:	\$ _____
Balance Due:	\$ _____

CAMPER NAME: _____ NICKNAME: _____ GENDER: M / F
Last Name First Name M.I. Preferred Name

RISING GRADE LEVEL (Fall): _____ CAMPER'S AGE AT CAMP: _____ BIRTHDATE: ____/____/____

CABIN MATE REQUEST OR UNIT BUDDY REQUEST (FULL NAME OF ONE FRIEND WHO IS ATTENDING THE SAME PROGRAM): _____

MAILING ADDRESS: _____
Number, Street or PO Box City State Zip

PARENT/GUARDIAN'S NAME: _____ EMAIL ADDRESS: _____
Last Name First Name This is where your confirmation information will be sent

PARENT/GUARDIAN'S HOME PHONE #: (____) _____ WORK PHONE #: (____) _____ CELL PHONE #: (____) _____

In case of an emergency or if we need to give important information to parents, but we cannot reach parents who should we contact?

EMERGENCY CONTACT NAME: _____ RELATION TO CAMPER: _____

HOME PHONE #: (____) _____ WORK PHONE #: (____) _____ CELL PHONE #: (____) _____

EMAIL ADDRESS: _____

NAME OF CAMP SESSION REQUESTED (1ST CHOICE): _____ WEEK #: _____

NAME OF CAMP SESSION REQUESTED (2ND CHOICE): _____ WEEK #: _____

T- SHIRT SIZE (Please Check One): YOUTH: SMALL MEDIUM LARGE ADULT: SMALL MEDIUM LARGE X-LARGE

The following questions will help us ensure a quality camp experience for your camper. Solicit your camper's thoughts as you complete these questions remembering that our program focus is relational small group community living. Attach additional pages of helpful information if needed.

IS THIS THE CAMPER'S FIRST TIME AWAY FROM HOME? YES NO WHAT TYPE OF SWIMMER IS YOUR CHILD?

CAMPER'S FIRST TIME AT OOTB? YES NO _____ STRONG SWIMMER (green)

DID THE CAMPER ATTEND OOTB LAST YEAR? YES NO _____ PRACTICING SWIMMER (yellow)

HAS THE CAMPER ATTENDED A DIFFERENT CAMP? YES NO _____ NERVOUS SWIMMER (red)

CAMPER HOBBIES: _____ CAMPER FEARS: _____

IS YOUR CAMPER EXCITED ABOUT CAMP? YES NO, (if no please explain): _____

VA Beach Pick Up: YES NO. (This is pick up on Sunday ONLY. We ask that parents/guardians join their camper for Friday's closing. More information will be in your confirmation packet.)

Describe any special needs or issues including physical, emotional, health or behavioral that the camp director and staff should know in advance:

WILL YOU BE PROVIDING ANY OVER-THE-COUNTER MEDICATIONS OR PRESCRIPTION MEDICATIONS FOR YOUR CAMPER? YES NO
(If yes please complete the back side of the Health Form with all medication/prescription information)

DIETARY RESTRICTIONS: _____ OTHER: _____
Explain any restrictions to activity (what cannot be done; what adaptations or limitations are necessary):

LIST ANY KNOWN ALLERGIES AND THEIR REACTIONS:

CHURCH MEMBERSHIP/ATTENDANCE: _____ LOCATION: _____ PASTOR: _____

HOW DID YOU HEAR ABOUT CAMP? Home Mail Church Camp Fair Friend/Family Camp Website Facebook
 Radio Advertisement Local Business _____ Other _____
Please Specify Please Specify

***The following box must be signed for attendance.**

Parent/Guardian Authorizations:

I hereby request that my child be accepted to Camp Occohannock. I have read and understand the information in the summer camp brochure, including parents and camper information, the camp rules and behavior policies, registration procedures, cancellation policies, the program descriptions and the activities listed for my child's time at camp. I understand that my child will be participating in many physical activities (including, but not limited to those listed in the program descriptions) and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks to provide a safe environment and that Camp Occohannock is permitted by Accomack County to operate a Summer Camp, Dining Hall, and Kitchen. In consideration of acceptance to Camp Occohannock,

I indemnify and hold harmless Camp Occohannock, the Eastern Shore District of the United Methodist Church, and its staff and officers from any and all liability, claims, damage, injury, or illness sustained by my child, and

I verify that the information on this registration form is correct and complete as far as I know. This form may be copied for camp records, and

I hereby give permission to the camp employees, volunteers, or designees to provide routine first aid, administer prescribed medications and over-the-counter medications I list on the Health Form (you will receive a Health Form with your confirmation packet after registering), and seek medical treatment. I agree to the release of any records necessary for emergency purposes. I give permission to the camp to arrange necessary emergency medical transportation for my child. In the event I cannot be reached during an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child, including ordering x-rays, administering tests, and admittance to a hospital, etc. and

I understand the active nature of the camp activities and give permission for my child to participate fully and to engage in all camp activities listed in my selected program description(s) including the group challenge and initiatives course, climbing wall, archery, and paintball unless otherwise noted under restrictions on the front of this registration form, and

I understand that climbing at any heights, using climbing equipment, archery, and paintball activities may have inherent risks and that participation may involve accidents that could result in injury. I understand that these activities are "Challenge by Choice" and that my child will not be forced to participate, and

By registering my child into a program which includes transportation off site (adventures, trips, etc.), if applicable, I permit my child to leave Camp Occohannock grounds accompanied by authorized camp personnel for approved out-of-camp activities at camp-approved locations, to be transported in camp-approved vehicles driven by camp-approved drivers, and, if applicable while off site, for camp personnel as authorized by the Director in consultation with the Health Coordinator to administer prescribed medications and over-the-counter medications to my child as listed above, and

I agree to read all information included in the Confirmation Packet and Packing List sent to me after registration and to share this information with my camper, and to read, sign, and return any and all applicable forms including the Health Form and any waivers necessary, and

Should it become necessary for my child to return home because of illness, homesickness or other reason, I will accept the Director's decision and arrange for transportation, and

I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration, and

I verify the Physical Assessment of this camper as described below.

Physical Assessment of Camper by parent, legal guardian or medical personnel: *We encourage parents/guardians to consult your child's primary care physician to assess your child's current health and physical abilities. Provide any updates or changes to this information at check-in on the first day of camp.*

This child is physically able to participate in all camp activities listed in my selected program description (unless otherwise noted under restrictions on the front of this registration form), and I will provide an update to this child's health states and Health Form, if any, at check-in on the first day of camp.

***Signature of parent or legal guardian:** _____ ***Date:** _____

***Printed Name:** _____ ***Phone Number:** (_____) _____

CAMPERSHIP Financial Assistance Application

****Complete this box ONLY if you are requesting financial assistance in the form of "campership" from Camp Occohannock.***

Camp Occohannock is committed to providing camp experiences to all children within the capabilities of the staff and facilities. Camp Occohannock asks that those looking for assistance pay at least the registration fee and must have this section filled out and sent in by June 1st. Please talk to your church or family members about helping you send your child to camp before asking for camp's assistance. Camp will provide within the funds that we are able to, at the time of receiving your registration. Please complete all the information below if you are in need of financial assistance.

I have enclosed \$ _____ towards the camp session in addition to the \$50 registration fee

I will pay \$ _____ when my camper arrives for camp

For this camper we request financial assistance from Camp Occohannock in the exact dollar amount of \$ _____
(see list of programs for exact fees)

My church will provide \$ _____ *(funds must be received prior to camper's arrival)*

Name of Church: _____ Location: _____

Pastor's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this completed form, along with your \$50 registration fee to:

Occohannock on the Bay, 9403 Camp Lane, Belle Haven, VA 23306

Your \$50 deposit will be taken out of your final balance.

Make checks payable to OOTB

Credit Card #: _____ Security Code: _____ Exp. Date: ____/____/____ Amount to Charge: \$ _____

We Accept Visa or MasterCard

Name as it Appears on Card: _____ Billing Zip Code: _____

Signature: _____

I prefer to receive my confirmation packet by (check one): _____ Email _____ Post Mail

Health Form, Packing Checklist, VA BEACH Van Pick Up and any necessary Waiver Forms are included in your confirmation packet.