

CAMP O-WA-SA
 Camping Ministries of the Ohio Church of God of Prophecy
Camper Application for 2010

Directions: The application must be signed by camper and parent or guardian before being admitted to camp. Mail the application before May 28, 2010, along with a **\$10.00 non-refundable deposit** to the **Church of God of Prophecy, POB 1010, Reynoldsburg, OH 43068**. Applications received after May 28, 2010 will be charged a \$20.00 late fee. For information concerning camps, please call 440-526-6672 (camp coordinator) or 614-759-6072. The camp site is **Hidden Hollow Campgrounds, 5127 Opossum Run Rd, Bellville, Ohio 44813**. The phone number at the camp site is **419-892-2007**. Camper applications are accepted without regard to sex, race, color, religion, national origin, or disability, however, Camp O-WA-SA reserves the right to deny admission to any camper for whom we feel that we cannot give safe and effective care or to whom we feel unqualified to administer care.

Camper Information

Name: _____ Male / Female) Age: _____
 Address: _____ Birth Date _____
 City: _____ State _____ Zip _____ Phone (_____) _____

Parent/Guardian Information

Email Address:

Name: _____ Relationship: _____
 Address: _____ Phone 1 _____
 City: _____ State _____ Zip _____ Phone 2 (cell) _____

Emergency Contact Information (This is the person we would contact in an emergency if we could not contact the parent or guardian.)

Names(s): _____ Relationship: _____
 Address: _____ Phone 1(_____) _____
 City: _____ State _____ Zip _____ Phone 2 (_____) _____

Check Out Information

Campers will not be released to anyone other than the parents/guardians, the emergency contact person/s, and those listed here unless a parent or guardian has been notified.

Name(s): _____ Relationship: _____
 Name(s): _____ Relationship: _____
 Name(s): _____ Relationship: _____

Camp, Tuition and T-Shirt Information

Registrations start at 1:00 p.m. and dismissal will be at 10:00 a.m.

- Senior Camp Ages 14-18 June 7-12 \$110.00
- Junior Camp Ages 10-13 June 12-17 \$110.00
- Pee Wee Camp Ages 5-9 June 17-20 \$95.00

T-Shirt Size

- Youth Small Youth Medium Youth Large
- Adult Small Adult Medium Adult Large
- Adult XL

T-Shirts will be \$10.00 each. Please pre-order and enclose your money with your camp deposit. We don't want to over or under order. Thanks! Bring Money for Snack Card.

Payment Information (Office Use Only)

Date Received: _____

Deposit Payment Information:

- Check # _____ Amount: _____
- Money Order # _____ Amount: _____
- Cash _____ Amount: _____

Tuition Due:
 Deposit Received:
 T-shirt Paid
 Horseback Riding Paid
 Balance Due at Registration:

Balance Received at Registration:
 Check # _____ Cash _____

Insurance Information

Note: Camp insurance is secondary to your insurance, regardless of insurance coverage. Social Security numbers (SSN) may be needed to be treated by a doctor.

Camper Has Medical Coverage: (Yes/No)

Camper's SSN: _____

Parent/Guardian's Name: _____

Parent/Guardian's SSN: _____

Name of Employer: _____

Employer's Address: _____

Insurance Company: _____

Insurance Company Address: _____

if more than one Ins. Company list: _____

Insurance Company Phone Number: (_____) _____

Policy /ID Number: _____

Group Number: _____

Insurance Subscribers Date of Birth: _____

Preauthorization Required for Coverage: (Yes/ No)

Co-Payment Amounts: _____

Medical Information -

Note: For campers under 18 years of age, to be medically treated, a parent/guardian signature is required.

Check all that apply to the camper:

Epilepsy Diabetes Allergic to Bee Stings

Heart Trouble Asthma Bladder Control

Tuberculosis HIV/Aids Sleep Walking

Other _____

List All Allergies and their reactions: _____

List Blood Type: _____

List any special limitations:

Date of last tetanus shot:

Family Doctor: _____

Doctor's Phone Number' _____

Over-the-Counter Medications

Note: The camp nurse has the following over-the-counter (non-prescription) medications available during camp.

Check the following medications you **DO NOT** want the nurse to administer to the camper if symptoms are present.

Tylenol (Acetaminophen)

Benadryl (Diphenhydramine)

Advil (Ibuprofen)

Pepto Bismol

Imodium AD (Loperamide)

Cough Syrups, Cough Lozenges, or Throat Sprays

Antacids such as Rolaids, Turns, or Maalox

Prescription Medications

Note: Prescription medications must be in the original bottles from the pharmacy with the camper's name and directions on the labels. All medications (prescription and over-the-counter) must be given to the camp nurse at the time of registration. The camp nurse must administer all medications.

List the medications the camper will be taking during **camp**:

1) **Medication** **Dose** **Time Taken**

2) _____

3) _____

Activity Permissions

I give my permission for the camper:

To Swim: Yes No

To Canoe Yes No

To Be Baptized Yes No

To Horseback Ride Yes No (Seniors & Juniors only)

Include \$7.00 for horseback riding.

Camper and Parental/Guardian Consent

In case of an emergency, I understand that every effort will be made to contact the parent or guardian. In the event that the parent or guardian cannot be reached, I hereby give permission to the camp director, camp nurse, and the physician, selected by the camp, to secure any and all proper medical treatment, to hospitalize, and to order injections, anesthesia, and/or surgery for the camper. I authorize the camper be given medical attention from qualified personnel, both on site and off, should such action be necessary. I understand sickness/illness and pre-existing conditions are not covered by the camp insurance. Therefore, all these expenses are my responsibility and the camp will not be liable for any of the expenses incurred in such cases. I understand that the camp insurance is secondary to my insurance.

I hereby give the camper permission to attend the Ohio Church of God of Prophecy Youth Camp (O-WA-SA). I give my permission for the camper to participate in all activities at Camp O-WA-SA and waive all claims. I hereby waive, release, and discharge any and all claims, demands, and causes of action against camp officials, the church of God of Prophecy in Ohio, and the International Offices of the Church of God of Prophecy (Cleveland, TN), their agents, employees, and participants to injury, damage, or loss of property the camper may sustain at Camp O-WA-SA. I hereby affirm that I have read and agree with all information on this application.

I understand that Camp O-WA-SA maintains a high standard for conduct. I understand that cell phones, tobacco, alcohol, illegal drugs, weapons, laser pointers, and fireworks are unacceptable and not allowed. I give my permission for my personal property, brought to camp, to be searched at any time for these and other inappropriate items. I understand that profanity, abusive language, crude jokes, or violent behavior will not be tolerated. I pledge my word of honor to abide by the rules and regulations of Camp O-WA-SA. I understand that campers may be sent home if they break any of the rules and regulations of Camp O-WA-SA.

I certify that all information provided on this application is accurate to the best of my knowledge and ability. I understand that in signing this application I am agreeing to abide by all the policies, rules, and discipline of the administration and staff personnel of Camp O-WA-SA.

Parent/Guardian Signature: _____ **Date:** _____

We must have a parent or guardian signature if the camper is under 18 years old.

Camper Signature: _____ **Date:** _____