



Central Ohio District Kids Camp

July 26-30, 2010

Camp Cotubic,
Bellefontaine, Ohio

Student Registration Form

Students must have completed 1st –6th grades

Early Registration- \$220 per camper **Must be postmarked by June 20th

Late Registration- \$240 per camper

No registrations accepted after July 11th

All checks need to be made out to: *Central Ohio Kids Camp*

I understand that once submitted all monies are non-refundable. Initial Here _____

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Age _____ Grade Completed _____ Male _____ Female _____

T-Shirt Size: (Circle One) Child Medium Child Large Adult S M L XL

I would like to stay with (full name of 1 friend attending camp):

1st Choice _____ 2nd Choice _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Emails _____

Local Church or Church You Are Attending Camp With _____

Phone _____ Children's Ministry Leader _____

Do You Regularly Attend This Church? (Circle One) Yes No

This camper should be released following camp to _____

Central Ohio District Kids Camp Health Information Release

Insurance Company _____

Card Holders Name _____

Policy Number _____

Is your child allergic to any medications? If so, Please list them and their reaction. Feel free to use another piece of paper if necessary.

Is your child currently taking any medication? If so, please list and give directions for administering.

All prescription AND non-prescription medications must be turned in to camp leaders at check-in with printed directions for each child. All meds must be in original containers.

Please check all that apply to your child: Asthma Epilepsy Diabetes
 Other- Please List: _____

Is your child sensitive to insect bites? If so, what kind? _____

Is your child allergic to Poison Oak or Ivy? _____

Authorization Release, Disciplinary and Indemnification Agreement

I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at Camp COTUBIC for Central Ohio Kids Camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any X-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Ohio, when such medical or surgical treatment is necessary. I am aware that the administration of non-prescription medicines (Tylenol, anti-acid, etc.) may be necessary. I willfully consent for my child to receive these if deemed necessary.

No radios, tape players, CD players, iPods, pagers, cellular phones, or fireworks are allowed on the campground. No smoking, drinking of alcoholic beverages, or profanity is allowed on campground. We reserve the right to inspect the contents of all personal belongings at any time. The confiscation and/or disposal of improper contents is to the discretion of the C.O.K. Camp Staff.

In case of dismissal due to voluntary withdrawal or disciplinary actions, there will be no refund of camp fees. I fully understand that failure to abide by camp policy may lead to my being sent home. I understand that telephones are not available for campers use. In case of emergency, camp staff will notify the parent or legal guardian. All camp safety measures will be met. The camp or camp staff will not be held liable for accidents.

I understand that any pictures taken of campers while attending camp will become the property of Central Ohio District Kids Camp, and may be used for purposes of promoting Central Ohio District Kids Camp or shown on the internet.

Signature of Parent of Legal Guardian

Date