

# Central Ohio District Kids Camp

July 26-30, 2010  
Camp Cotubic,  
Bellefontaine, Ohio



## Adult Registration Form

Early Registration- \$95 per chaperone \*\*Must be postmarked by June 20th  
Late Registration-\$105 per chaperone

**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 \_\_\_\_\_

I would like to be: Counselor(18 & over) \_\_\_\_ Assistant Counselor(16 & over) \_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Grade Completed (if under 18) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

T-Shirt Size: (Circle One) Adult S M L XL 2XL 3XL

Local Church or Church You Are Attending Camp With \_\_\_\_\_

Phone \_\_\_\_\_ Children's Ministry Leader \_\_\_\_\_

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

**Background checks are REQUIRED for all adults attending** (Please check one of the following)

\_\_\_\_\_ I am attaching a background check report which has been completed in the last two years.

\_\_\_\_\_ I am attaching a permission form for a background check to be completed  
(Please note that this does cost the camp money so if you have a completed report, please attach it.)

Central Ohio District Kids Camp  
Health Information Release

Insurance Company \_\_\_\_\_

Card Holders Name \_\_\_\_\_

Policy Number \_\_\_\_\_

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

Are you 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 minor. All meds must be in original containers. If you are over 18 years of age, you must keep your medications with you and in a safe place at all times.**

Please check all that apply to you:  Asthma  Epilepsy  Diabetes  
 Poison Oak  Poison Ivy  Bug Bite Allergy  
 Other- Please List: \_\_\_\_\_

**Authorization Release, Disciplinary and Indemnification Agreement**

While I am 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 myself in the chance that I am unable to make this decision. I will be 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.

No radios, tape players, CD players, iPods, pagers, or fireworks are allowed on the campground. The use of cellular phones is restricted to emergency use only. 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 camper/chaperone 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/chaperones 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 Chaperone or Legal Guardian if Under 18

\_\_\_\_\_  
Date

# Central Ohio District Kids Camp Pastor Reference Form

\_\_\_\_\_ has applied for a position to work with children at Central Ohio District Kids Camp and has submitted this sheet to you as a reference. Please complete this form as soon as possible, place it in a sealed envelope and return it to the person applying to be a chaperone.

How long have you known the applicant? \_\_\_\_\_

Would you feel comfortable leaving your children in their care? YES or NO

Does your church have a cleared background check on file for this person? YES or NO

**Please give a copy of the report to the applicant to attach to his or her application.**

What about the applicant makes him or her a good fit to work with elementary age children?

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How have you observed the applicant's ability to administer discipline?

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Are there any tendencies/traits or emotional/behavioral concerns that you would feel might reduce the effectiveness of the applicant in this position?

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Please give a brief statement of the applicant's character and attitude.

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Do you believe that there is anyone we should contact that could provide additional information regarding this applicant? \_\_\_\_\_ If yes, please give their name and phone number:

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Signature \_\_\_\_\_ Church \_\_\_\_\_

Phone Number \_\_\_\_\_

Please list additional comments on the back of this form. Thanks!

