

# Ojai Valley miniCAMP 2011 Camper Registration Form

**Mail to: Camp Registrar**

930 Grand Avenue

Ojai, CA 93023

**Phone:** 805-746-1795

**E-Mail:** aaron@ojaiwesleyan.org

805-588-8139

zaccannon@mail.com

www.ojaiminicamp.org

**For office use only**

Check # \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Amount this camper

Check From: \_\_\_\_\_

**Location: Lake Casistas Recreational Park**

Ojai, CA 93023

**Dates: August 12th - 14th, 2011**

We've worked hard this year to make summer camp affordable for everyone. The entire price of camp, excluding additional costs (see below), is fifty dollars (\$50). As a bonus, if you fill this registration form out completely - including the essay on the last page - we will include an automatic fifteen dollar scholarship (\$15). **That's a weekend at camp for only thirty-five dollars (\$35)!**

Please send this application and your non-refundable check or money order to the Camp Registrar by **August, 5th** as spots are limited.

Checks can be made out to *Ojai Valley Wesleyan Church for Ojai Valley miniCamp*

\*\*\*Please Print Legibly\*\*\*

\*\*\*Please Print Legibly\*\*\*

\*\*\*Please Print Legibly\*\*\*

**Camper Name** \_\_\_\_\_

Last

Middle Initial

First

Goes By

Home Address \_\_\_\_\_

Street or Box Number

City

State

Zip

Home Ph# (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Camper e-mail \_\_\_\_\_

Gender \_\_\_\_ (M) \_\_\_\_ (F)

Grade Fall 2010 \_\_\_\_\_

Age at Camp \_\_\_\_\_

Birth Date \_\_\_\_\_

Shirt Size \_\_\_\_\_

Home Church \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

Church Address \_\_\_\_\_

Street or Box Number

City

State

Zip

Pastor's Name \_\_\_\_\_

(Please Print)

Pastor's Signature \_\_\_\_\_

(or designated staff)

**Custodial Parent/Guardian** \_\_\_\_\_

**Additional Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Street or PO Box Number

Address \_\_\_\_\_

(If different from other parent)

City

State

Zip

Home Ph# (\_\_\_\_) \_\_\_\_\_

City

State

Zip

Home Ph# (\_\_\_\_) \_\_\_\_\_

Work Ph# (\_\_\_\_) \_\_\_\_\_

Cell Ph# (\_\_\_\_) \_\_\_\_\_

Work Ph# (\_\_\_\_) \_\_\_\_\_

Cell Ph# (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Registration confirmation and additional information will be sent via email.

Email \_\_\_\_\_

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Who will pick up camper after camp? \_\_\_\_\_

**ADDITIONAL ACTIVITIES**

(subject to change, not included in the cost of camp):

**FRISBEE GOLF COURSE**

**WATER PARK**

**FISHING**

**BOATING**

**STORYTELLING SEMINAR**

**CAMP PICS/DVD**

Camp activities at Ojai Valley miniCAMP may include but are not limited to: swimming, hiking, sports, water recreation, and group games. I do hereby assume all risk of the above and any other ordinary risk incidental to the outdoor camp setting and will hold all Ojai Valley Wesleyan Church, miniCAMP administrators, all agents, and their represented church affiliations harmless from any and all liability. I hereby grant Ojai Valley miniCAMP to use images of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, and on Ojai Valley miniCAMP church affiliate's web sites.

**Custodial Parent/Guardian's Signature** \_\_\_\_\_

# Camper Medical Form

\*\*\*This Form Must Be Filled Out to the Best of Your Knowledge\*\*\*

## PLEASE BE SURE TO SIGN THIS FORM

Camper Name: \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care.

### Health History: Please give approximate date (mo/yr) where applicable

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Asthma
Td – tetanus and diphtheria		Food Allergies
		Other Allergies

Does your child have asthma? \_\_\_\_\_ yes \_\_\_\_\_ no

Operations or serious injuries, include dates \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions or special requests \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Current medications: PLEASE COMPLETE THE ATTACHED FORM

Suggestions on health related information for camp personnel - short attention span, etc.

**To The Best of My Knowledge (Camper's Name) \_\_\_\_\_ is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

*In case of emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. It is understood that the camp and doctor will make every effort to contact the parent/guardian of the child before treatment.*

Custodial Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

### **Insurance Information:**

**Please Note:** Camper's insurance coverage, through Ojai Valley Wesleyan Church, is provided as "secondary" or "back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

**Please send a copy of your insurance Identification card (Front & Back) along with registration.**

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

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Address & Phone # \_\_\_\_\_

Family Physician Name & Phone # \_\_\_\_\_

# Camper Medication Information

**Name of Camper (as Shown on Prescription Container):**

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**Name of Medication and Dosage Information:**

**Note:** All prescription medication must be in their original container with names and dosage clearly marked on the container. Please fill out the form below. If camper does not take medication, please write N/A below.

Medication	Dosage	Time	Special Instructions

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To get the \$15 scholarship, please have camper complete the following essay questions to the best of their ability in the space provided.

1. What do you hope to get out of this camp experience?

2. How do you hope to contribute to other people's camp experience?

CAMPER'S SIGNATURE \_\_\_\_\_