

CAMP O-WA-SA

Camping Ministries of the Ohio Church of God of Prophecy

Camper Application for 2019

Directions: The application must be signed by camper and parent or guardian before being admitted to camp. Mail the application before May 31, 2019 along with a \$10.00 non-refundable deposit to the Church of God of Prophecy, POB 1010, Reynoldsburg, OH 43068. Applications received after May 31, 2019 will be charged a \$20.00 late fee. For information concerning camps, please call 440-823-6943 (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 (PLEASE PRINT)

Name: _____ Male / Female) Age: _____
(First) (Middle) (Last)
Address: _____ Birth Date ____ / ____ / ____ (M/D/Y)
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 17-22 \$160.00
 Junior Camp Ages 10-13 June 17-22 \$160.00
 PeeWee Camp Ages 5-9 June 17-22 \$160.00

T-Shirt Size

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

*T-Shirts \$10.00 each. **PRE ORDER ONLY.** Enclose \$10 for

T-Shirt along with your \$10 camp deposit.

*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 _____

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 Roloids, Tums, 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:

Medication	Dose	Time Taken
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1) _____

2) _____

3) _____

Activity Permissions

I give my permission for the camper:

To Be Baptized Yes No To Canoe Yes No

To Swim: Yes No

Dated this _____ day of _____ 20____ Parental Signature: _____

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 inure with 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 has a zero tolerance for (camper or staff) with any signs of head lice, including nits that are within 1/4" from scalp. The policy has been developed to ensure the best overall well-being of our campers and camp staff. The camper will be discretely screened by camp staff prior to check-in. If lice/nits are discovered the camper will be sent home and will not be allowed to return this camping season. Unfortunately, we have no other recourse, and there are "NO EXCEPTIONS".

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 understand that incidental photo images of the camper may appear in camp pictures and /or video's, or may be posted to associated web site.

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: _____