

Camp Ozone Summer 2017 Registration

Registration is not complete without a \$50 deposit. Space is limited. Reservations will be made on a first-come, first- served basis.

Camper Information		
Camper's Name:		<input type="checkbox"/> Boy <input type="checkbox"/> Girl
First	Middle	Last
Birth Date:	Age: (while at Camp)	Grade:(Fall)
Mailing Address:		
City:	State:	Zip:
E-Mail Address:		
T-Shirt Size: <input type="checkbox"/> YS(6/8) <input type="checkbox"/> YM(10/12) <input type="checkbox"/> YL(14/16) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Church Attending:		
Cabin Mate / Friend Request:		
(You may request only one friend. Your friend must also request you.)		

Camp Dates (Please Check)		
Ages while at camp. Overnight camp is 5 nights.		
<input type="checkbox"/>	June 11-16	Ages 8-10 Overnight
<input type="checkbox"/>	June 19-23	Ages 6-9 Day Camp
<input type="checkbox"/>	June 25-30	Ages 11-13 Overnight

Camp Fees
Deposit due with Registration, Remainder due by sign-in.
Overnight Camp - \$175 total camp fee. \$50 non-refundable deposit due with registration, remainder of \$125 due by Check-in.
Day Camp - \$95 total camp fee. \$50 non-refundable deposit due with registration, remainder of \$45 due by Check-in. \$10 discount for registration by May 15 th .
-Camp fees cover lodging, meals, activities, T-shirt, and a craft

Camper Release (Photo ID required)		
Please list Parents/Guardians and emergency contacts. In the event of an emergency, we will contact adults in the order listed below. This will also act as a list of those people authorized to pick up your child from camp.		
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

Please continue on the other side! ➔

Amount Received:	Office Use Only <input type="checkbox"/> Confirmation Sent	Balance:
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Medical Information	
Camper's Name:	Birthdate:
Known Health or Behavioral Concerns:	
Other Information (anything else you would like us to know about your child's behavior or physical, emotional, or mental health including activity restrictions.):	
Drug Allergies:	
Food Allergies: (If food modifications are significant, please contact us to make prior arrangements. You may be asked to provide easy-to-prepare substitutions.)	
Other Allergies:	
Insurance Company:	Policy Number:
Primary Care Physician:	Phone #:
(Our insurance will not cover any pre-existing conditions. In case of accident or injury, your insurance will be considered primary. Camp Ozone insurance will be submitted as secondary.)	

Bring Medication and completed **Medication form** (from confirmation packet) in a gallon-sized storage bag to check-in. You must bring current medication in its container with instructions.

Release & Waivers	
<u>Release and Waiver:</u> The information given above is correct and complete as far as I know. I understand that there are risks of physical injury involved in camp activities, and I agree to accept the full risk as a part of my child's participation. I further agree to indemnify, hold harmless, and defend Camp Ozone, its board members, executive officers, staff, and employees from any and all claims for injuries, damages, or loss sustained by me or my child arising out of, connected with, or in any way associated with Camp Ozone.	
<u>Emergency Authorization:</u> I hereby give permission to the first aid personnel selected by the camp director to provide standard first aid care, administer over-the-counter medication, seek emergency medical treatment, and arrange related necessary transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp personnel to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named above. I agree to the release of medical records necessary for treatment, referral, billing, or insurance purposes.	
<u>Promotional Release:</u> I hereby give permission for the use of photos/videos in which my child may appear to be used for any promotional materials.	
By making application: <ul style="list-style-type: none"> - I agree to have my child's immunization's current & all medication turned in to the camp nurse at registration. - I give my child permission to participate in the entire camp program unless otherwise noted. - I understand that if my child misbehaves or brings unacceptable items he/she will be sent home without a refund. - I assure that my child will not bring a cell phone and will abide by the dress code sent with the confirmation. 	
Parent/Guardian Signature:	
Printed Name:	Date:

Please send this form & a non-refundable deposit of \$50 for each week your child plans to attend to:

Camp Ozone 232 Camp Ozone Rd. Rockwood TN 37854

A confirmation packet will be sent to acknowledge your child's reservation.