

**Occohannock on the Bay Camp and Retreat Center
Summer Camp Registration**

**PLEASE COMPLETE
BOTH SIDES OF FORM**

Office Use Only	
Deposit Amt	\$ _____
Date Rec'd	_____
Check #	_____
Packet Sent	_____
Discounts	\$ _____
Scholarship	\$ _____
Payment	\$ _____
Balance Due	\$ _____

Camper Name: _____
Last name First name M. Initial Nickname

Date of Birth: ____/____/____ Age: ____ Sex: M / F
T-Shirt Size: Youth _____ Adult _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
Number, Street or P.O. Box

Parent/Guardian Names: _____ Home Phone: (____) _____ Work Phone: (____) _____

Family E-mail: _____ Cell Phone: (____) _____ Cell Phone: (____) _____

Camp Session Requested: (1st choice) _____ Date: _____

Camp Session Requested: (2nd choice) _____ Date: _____

Cabin Mate Requested (ONE friend of same gender and of similar age): _____

Church Membership/Attendance: _____ Location: _____ Pastor: _____

Is this the camper's first time away from home? Yes/No _____ Camper is a _____ first time camper _____ returning camper.
Check if yes Check if yes

Camper is a _____ Swimmer _____ Non-Swimmer Hobbies: _____ Fears: _____
Check if yes Check if yes

  Credit Card # _____ Expiration Date _____ Amount to Charge _____

Name as it Appears on Card _____ Signature _____

The information in this application is correct. I understand the active nature of this camp program and give permission for the camper named above to participate fully unless otherwise noted as restriction above. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment as deemed necessary by the Camp Director or designee. I give permission to the camp to arrange necessary related transportation for the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the camper. I agree to the release of any records necessary for insurance purposes. I will be responsible for all medical expenses incurred. Should it become necessary for the participant to return home because of illness, behavior problems or other reasons, I will abide by the Camp Director's decision and arrange for transportation. I have read and understand the Behavior Policy as described in this brochure. I have also reviewed the Behavior Policy with the camper. I give permission for the camp photos and videos of activities that may include the camper to be used in camp promotion without liability or remuneration. This form may be photocopied for any trips off camp property.

Parent/Guardian Signature: _____ Date: ____/____/____

**Occohannock on the Bay Camp and Retreat Center
Summer Camp Registration Information**

Our Program Philosophy: Every aspect of the summer program at OOTB follows a common function. Our working philosophy centers on what it means to be a part of the Body of Christ (1 Corinthians 12). Our function is to help each camper gain a better understanding of his/her part in Christ's Body and his/her role in God's creation. Form follows function. Aspects of our form are as follows:

- Small Group Emphasis:** 12-14 campers and 2-4 counselors combine to make a unit (small group); low camper to counselor ratio; strong emphasis on safety; there is NO unsupervised time.
- Sanctity of the Small Group:** Each unit (group) plans their own week on with the Program Board; every camper's location is known at all times by the counselors/program director.
- Experiential Christian Education:** More time is spent living and doing things together as Christians; relationships and activities are foundations of the campers' learning; nightly worship in both large and small groups; counselors constantly seek the "teachable moment".
- Emphasis on Stewardship of God's Creation:** Nature study and Bible study are both forms of God's revelation of love. OOTB provides low-impact site camping. Activities involve active participation and interaction with God's creation on 49 acres, a creek and the beautiful Chesapeake Bay.
- The Small Group's Dynamics:** Each group experiences:
 Forming: Individuals become a group following registration.
 Norming: Group interactions take on patterns and "norms".
 Storming: Any group difficulties eventually surface.
 Performing: Group realizes potential as the Body of Christ.
 Reforming: Debriefing and preparing for re-entry into the world.
- Progression of Programs:** Each age level offers new and more challenging programming. Adventure and skill-building camps support this progression.
- Family Style Meals and Cookouts:** Meals are a major part of the experiential Christian education each camper receives—family style expectations and table fellowship.
- Camping (to camp) implies ACTION:** OOTB believes there should be effort required at camp to provide for our daily needs (food, shelter, clean bathrooms, set tables, etc.). When entering into this type of setting, a deeper sense of our own creativity emerges. Campers experience the closeness of living and caring for self and others, analogous to the community of early Christians as described in 1 Corinthians 12.

HEALTH INFORMATION

Health Insurance Company: _____ Group #: _____ Policy #: _____

Primary Care Physician: _____ Telephone: _____

Please List any allergies to medication, food, environemnt and management of the reaction: _____

None _____

Please List all medications and dosage that you will be transferring to our camp nurse during registration: _____

None _____

Describe any special needs or issues including physical, emotional, health or behavioral that the camper may experience: _____

None _____

Explain any restrictions in activity, diet or other concerns and what adaptations or limitations are necessary during this camp experience:

None _____

Who should we contact in the event of an emergency if we are unable to reach a parent or guardian? Name: _____

Relationship to camper: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone:(____) _____

How did you receive information regarding our Summer Camp Program? Home Mail Church Camp Fair Friend/Family

Local Business _____ Other _____

Please specify

Please specify

Please have the information below completed if you are requesting a campership.

This section should be completed by the Campership Sponsor: **FUNDS SHOULD BE RECEIVED PRIOR TO THE CAMPER'S ARRIVAL AT CAMP.**

For this camper, we request financial assistance from the Eastern Shore District UMC in the amount of \$ _____

or our Church* is providing financial assistance in the amount of \$ _____

Signature of pastor or social worker recommending financial assistance required: _____

Date: _____ Name of Church /Agency: _____ Phone: _____

**Church will either mail check to OOTB or send with camper at the time of registration. If mailed, must be received at OOTB before camper's arrival.*

Please return this completed form along with your deposit of \$50 to: OOTB, 9403 Camp Lane, Belle Haven, VA 23306

Our Behavior Policy: Persons attending Camp Occohannock are expected to behave in a manner conducive to Christian living. Behavior deemed dangerous, inappropriate, or unmanageable by the Camp Director is grounds for dismissal from camp, (i.e.: fighting, possession of harmful items, constant misbehavior, etc.) Parents/Guardians will be contacted as needed.

Registration and Payment: To register please complete registration form and mail it with a *non-refundable* deposit for \$50. This amount will be applied to your balance. Make check/money order payable to OOTB. Returned checks will be assessed \$25. We can accept credit cards. Registration will be first-come, first-served (please note 2nd choice, if any). Following receipt of a completed registration form and deposit, a confirmation letter including parent information, policy guide and camper gear list will be mailed to the camper and parent.

Camperships: Are a form of financial assistance: If you desire financial assistance to attend Camp, Camperships can be attained in the following ways:

Local Church Funds: Most area United Methodist churches will sponsor campers from their memberships and communities. Churches MUST pay for sponsored campers prior to camper arriving for camp.

OOTB/E.S. District UMC Campership Fund: If your family needs financial assistance to send your camper to OOTB, have your pastor or social worker complete the Campership Financial Application box on the Registration Form. Camperships are granted first-come, first served. A response letter will inform families of granted campership requests.

Please support our OOTB/E.S. District UMC Campership Fund: Contributions above the cost of your camper will be applied to the Campership Fund. Your contribution will help others attend camp who otherwise are unable to do so.

Rules for acceptance and participation in all sessions of this camp are the same for everyone without regard to race, color, national origin, sex, or handicap, as long as our staff can meet the needs of the camper.

Questions: Call the OOTB Camp Office at 757-442-7836 or e-mail us at ootbay@verizon.net .

Directions: Occohannock on the Bay Camp and Retreat Center is located on 49 acres overlooking the Occohannock and Tawes Creeks and the Chesapeake Bay on Virginia's Eastern Shore. From the Norfolk area, you will need to cross the Chesapeake Bay Bridge Tunnel onto Route 13. Currently crossing this tunnel is \$12.00 one way for two axles. Travel about 1 hour on Route 13 to the town of Exmore. Turn north on Route 178 at the Exxon Gas Station. Go 1 mile, turn left on Route 178 at Phillips Hardware (small gas station/grocery store); Go 2.6 miles, turn left on to Route 613, Indian Trail Road. Go 1.4 miles to stop sign. Cross Craddockville Road and continue on Route 613. Go 1 mile and turn right on Route 612 (Scarsborough Neck Road). Go 0.6 miles; turn left on Route 611 (Occohannock Road). Road curves 1.1 miles to the Camp sign. Turn right onto Camp Lane and enter the camp. This may sound complex but you can see small signs with arrows beginning at the Town of Exmore at the Exxon Gas Station pointing the way.