



# SUMMER CAMP REGISTRATION FORM

On-line registration is available at [www.ootbay.org](http://www.ootbay.org). Keep a copy of this completed form for your information. **Please PRINT** and complete **BOTH** sides and return with a non-refundable \$50 deposit (or full payment) to:  
Occohannock on the Bay, 9403 Camp Lane Belle Haven, VA 23306

<b>Office Use Only : CIT</b>	
Deposit Amount:	\$ _____
Date Record:	_____
Check #:	_____
Packet Sent:	_____
Discounts:	\$ _____
Scholarship:	\$ _____
Payment:	\$ _____

CITs NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ GENDER: M / F  
Last Name First Name M.I. Preferred Name

RISING GRADE LEVEL (Fall): \_\_\_\_\_ CITs AGE AT CAMP: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Number, Street or PO Box City State Zip

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
Last Name First Name This is where your confirmation information will be sent

PARENT/GUARDIAN'S HOME PHONE #: (\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_) \_\_\_\_\_ CELL PHONE #: (\_\_\_\_) \_\_\_\_\_

*In case of an emergency or if we need to give important information to parents, but we cannot reach parents who should we contact?*

**Contact First:** Emergency Contact Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Contact Second:** Emergency Contact Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Name of Program: Counselor In Training Program WEEK #: Staff Training, Week 1, 2, and 3.

Name of Trip Camp: Camp OOTB to Camp Bethel Week #: 4 (July 14-19)

T- SHIRT SIZE (Please Check One): YOUTH: \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE ADULT: \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE

*The following questions will help us ensure a quality camp experience for your camper. Solicit your camper's thoughts as you complete these questions remembering that our program focus is relational small group community living. Attach additional pages of helpful information if needed.*

IS THIS THE CAMPER'S FIRST TIME AWAY FROM HOME? \_\_\_ YES \_\_\_ NO WHAT TYPE OF SWIMMER IS YOUR CHILD?

CAMPER'S FIRST TIME AT OOTB? \_\_\_ YES \_\_\_ NO \_\_\_\_\_ STRONG SWIMMER (green)

DID THE CAMPER ATTEND OOTB LAST YEAR? \_\_\_ YES \_\_\_ NO \_\_\_\_\_ PRACTICING SWIMMER (yellow)

HAS THE CAMPER ATTENDED A DIFFERENT CAMP? \_\_\_ YES \_\_\_ NO \_\_\_\_\_ NERVOUS SWIMMER (red)

CAMPER HOBBIES: \_\_\_\_\_ CAMPER FEARS: \_\_\_\_\_

IS YOUR CAMPER EXCITED ABOUT CAMP? \_\_\_ YES \_\_\_ NO, (if no please explain): \_\_\_\_\_

VA Beach Pick Up: \_\_\_ YES \_\_\_ NO. (This is pick up on Sunday ONLY. We ask that parents/guardians join their camper for Friday's closing.

Describe any special needs or issues including physical, emotional, health or behavioral that the camp director and staff should know in advance:

WILL YOU BE PROVIDING ANY OVER-THE-COUNTER MEDICATIONS OR PRESCRIPTION MEDICATIONS FOR YOUR CAMPER? \_\_\_ YES \_\_\_ NO  
*(If yes please complete the back side of the Health Form with all medication/prescription information)*

DIETARY RESTRICTIONS: \_\_\_\_\_ OTHER: \_\_\_\_\_  
Explain any restrictions to activity (what cannot be done; what adaptations or limitations are necessary):

LIST ANY KNOWN ALLERGIES AND THEIR REACTIONS:

CHURCH MEMBERSHIP/ATTENDANCE: \_\_\_\_\_ LOCATION: \_\_\_\_\_ PASTOR: \_\_\_\_\_

HOW DID YOU HEAR ABOUT CAMP? \_\_\_ Home Mail \_\_\_ Church \_\_\_ Camp Fair \_\_\_ Friend/Family \_\_\_ Camp Website \_\_\_ Facebook  
\_\_\_ Radio Advertisement \_\_\_ Local Business \_\_\_\_\_ Other \_\_\_\_\_  
Please Specify Please Specify

**\*The following box must be signed for attendance.**

**Parent/Guardian Authorizations:**

I hereby request that my child be accepted to Camp Occohannock. I have read and understand the information in the summer camp brochure, including parents and camper information, the camp rules and behavior policies, registration procedures, cancellation policies, the program descriptions and the activities listed for my child's time at camp. I understand that my child will be participating in many physical activities (including, but not limited to those listed in the program descriptions) and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks to provide a safe environment and that Camp Occohannock is permitted by Accomack County to operate a Summer Camp, Dining Hall, and Kitchen. In consideration of acceptance to Camp Occohannock,

I indemnify and hold harmless Camp Occohannock, the Eastern Shore District of the United Methodist Church, and its staff and officers from any and all liability, claims, damage, injury, or illness sustained by my child, and

I verify that the information on this registration form is correct and complete as far as I know. This form may be copied for camp records, and

I hereby give permission to the camp employees, volunteers, or designees to provide routine first aid, administer prescribed medications and over-the-counter medications I list on the Health Form (you will receive a Health Form with your confirmation packet after registering), and seek medical treatment. I agree to the release of any records necessary for emergency purposes. I give permission to the camp to arrange necessary emergency medical transportation for my child. In the event I cannot be reached during an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child, including ordering x-rays, administering tests, and admittance to a hospital, etc. and

I understand the active nature of the camp activities and give permission for my child to participate fully and to engage in all camp activities listed in my selected program description(s) including the group challenge and initiatives course, climbing wall, archery, and paintball unless otherwise noted under restrictions on the front of this registration form, and

I understand that climbing at any heights, using climbing equipment, archery, and paintball activities may have inherent risks and that participation may involve accidents that could result in injury. I understand that these activities are "Challenge by Choice" and that my child will not be forced to participate, and

By registering my child into a program which includes transportation off site (adventures, trips, etc.), if applicable, I permit my child to leave Camp Occohannock grounds accompanied by authorized camp personnel for approved out-of-camp activities at camp-approved locations, to be transported in camp-approved vehicles driven by camp-approved drivers, and, if applicable while off site, for camp personnel as authorized by the Director in consultation with the Health Coordinator to administer prescribed medications and over-the-counter medications to my child as listed above, and

I agree to read all information included in the Confirmation Packet and Packing List sent to me after registration and to share this information with my camper, and to read, sign, and return any and all applicable forms including the Health Form and any waivers necessary, and

Should it become necessary for my child to return home because of illness, homesickness or other reason, I will accept the Director's decision and arrange for transportation, and

I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration, and I verify the Physical Assessment of this camper as described below.

**Physical Assessment of Camper by parent, legal guardian or medical personnel:** *We encourage parents/guardians to consult your child's primary care physician to assess your child's current health and physical abilities. Provide any updates or changes to this information at check-in on the first day of camp.*

This child is physically able to participate in all camp activities listed in my selected program description (unless otherwise noted under restrictions on the front of this registration form), and I will provide an update to this child's health states and Health Form, if any, at check-in on the first day of camp.

\*Signature of parent or legal guardian: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Printed Name: \_\_\_\_\_ \*Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**CAMPERSHIP Financial Assistance: Not Available for CIT Program & All Payments must be paid before the start of staff training!**

Please return this completed form, along with your \$50 registration fee to:  
Occohannock on the Bay, 9403 Camp Lane, Belle Haven, VA 23306  
Your \$50 deposit will be taken out of your final balance.  
Make checks payable to OOTB

**PAYMENT PLANS:** If you would like to set up a payment plan they may be done online or through the camp office. All balances must be paid off by August 15<sup>th</sup>.

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_  
We Accept Visa or MasterCard

Name as it Appears on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Payment Plan Information: Mark which Monday of the month works best for you. (We charge only on Mondays.) \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup>

Signature: \_\_\_\_\_

I prefer to receive my confirmation packet by (check one): \_\_\_\_\_ Email \_\_\_\_\_ Post Mail

Health Form, Packing Checklist, VA BEACH Van Pick Up and any necessary Waiver Forms are included in your confirmation packet.