

2012

# CAMPER REGISTRATION FORM

*We must have each line filled out for your child to attend camp*

Name \_\_\_\_\_  
 Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School Grade Completed June 2012 \_\_\_\_\_  
 Enrolled in a Maryland School? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of School Currently Enrolled in \_\_\_\_\_

Date of last Tetanus/DPT Shot— Month \_\_\_\_\_ Year \_\_\_\_\_  
 Attach Full Inoculation Record if not Enrolled in a Montgomery County School

### WEEK SELECTION

*Circle weekly session(s) desired*

<b>Week 1</b> July 2 - 6 (No Camp July 4th)	<b>Week 2</b> July 9 - 13	<b>Week 3</b> July 16 - 20
<b>Week 4</b> July 23 - 27	<b>Week 5</b> July 30 - Aug. 3	<b>Week 6</b> August 6 - 10

**NOTE: Forms whose immunization data are missing will be returned unprocessed**

**FEE INFORMATION — \$200 per week per camper  
 \$175 if payment is received and postmarked by May 1**

The total camp fee for the week of July 2-6 is \$140 by May 1st and \$160 thereafter because of the July 4th holiday.

Checks should be made payable to: **Oakdale Emory Christian Day Camp**

Payment includes a Non-Refundable Registration fee of \$50 **per camper per week.**

Remaining fee balance for each week is due no later than June 1, 2012.

There will be no refunds upon receipt of full payment . Returned checks will be assessed a \$35.00 Fee.

Payments not made when due are subject to collection costs and attorneys fees.

**Amount Enclosed \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_**

*You will receive a confirmation post card in the mail to confirm that your registration has been received.*

**Registrations should be mailed to:**  
 OE Camp Registrar  
 Oakdale Emory Church  
 3425 Emory Church Road  
 Olney, MD 20832

**Send Questions to:**  
 jsouter@oeumc.org  
 or call the Church Office:  
 301-774-2030

## EMERGENCY INFORMATION REQUIRED BY STATE REGULATIONS

Camper Name \_\_\_\_\_ Week(s) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name (Last, First) \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name (Last, First) \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Person(s) authorized to pick up Child/Youth (daily):

Name (Last, First) \_\_\_\_\_  
Relationship to Child/Youth \_\_\_\_\_ Phone \_\_\_\_\_

Name (Last, First) \_\_\_\_\_  
Relationship to Child/Youth \_\_\_\_\_ Phone \_\_\_\_\_

When parents cannot be reached, list persons who may be contacted in an emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### **OTHER INFORMATION**

**Custody Issues?** \_\_\_\_\_ Please Specify \_\_\_\_\_  
\_\_\_\_\_

**Health History and Medical Information:** Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, activity restrictions, or special needs that we need to be aware of to ensure that your child's camp experience is positive. Executive Director has discretion to obtain additional medical information and/or decline application based upon medical and/or health issues. (Please attach additional sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church you presently attend: OEUMC \_\_\_\_\_ Other \_\_\_\_\_

### **PERMISSION AND RELEASE FORM**

\_\_\_\_\_ has my permission to participate in the camp program to be conducted by the Oakdale Emory United Methodist Church. I/We release Oakdale Emory UMC and the OE Christian Day Camp (ministers, trustees, officials, counselors, members, employees, volunteers, etc.) from any liability resulting from any injury incurred by my child during participation in any camp activities. It is understood that all those in positions of leadership/supervision will exercise care and precautions.

I hereby give permission for OE Christian Day Camp to provide routine healthcare for minor scrapes, cuts, and other minor injuries which may include Bactine, Neosporin and/or BandAids. The camp director is able to administer an epi-pen when so directed and as needed; although we cannot administer any other medications.

**For emergencies that require immediate medical attention, your child will be taken to the nearest hospital emergency room.**

I understand that OE Christian Day Camp reserves the right to dismiss any camper when it is deemed necessary by the directors to be in the best interest of the child or the camp. Refunds in this circumstance are at the sole and absolute discretion of the executive director.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_