

Southwestern Ohio District Church of the Nazarene

Summer Camp Registration

Camper Information

Camper's Full Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Grade upcoming school year _____
Date of Birth _____ Gender: 0 Male 0 Female
Church _____
Parent/Guardian Full Name _____
Relationship to Camper _____
Home Phone _____ Work Phone _____

Emergency Contact Information

A copy of insurance card must accompany this notarized form.

Emergency Contact Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Physician Name _____ Physician Phone _____
Insurance Company Name *(if applicable)* _____
Insurance Policy Number _____ Insurance Phone _____
Insurance Group Name and/or Number _____
List any allergies (i.e. bee sting, food, etc.) _____
Date of last Tetanus Shot _____
List any Dietary Restrictions _____
List any Health Restrictions (i.e. heart condition, diabetes, epilepsy, asthma, etc.) _____
Current medications and proper dosages _____
Any Swimming or Activity Restrictions Yes No Comments _____

All medications must be turned in at time of registration to be dispensed by camp nurse.

Please continue any of this information on an attached sheet.

Parent/Guardian Permission Statement

I _____ (name of parent or legal guardian) grant my permission for the above named minor to attend the summer camp named above. I acknowledge that in addition to normal camp activities, my child may participate in off-site activities including but not limited to water sports, and may be transported thereto by 15 passenger vans or other vehicles. In the unlikely event of an emergency involving this minor, I hereby authorize the adult chaperones of the camp to act on my behalf to consent to any examination, x-ray, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a licensed physician, surgeon or dentist.

I understand that I will be notified as soon as possible in such an event. While I understand that all reasonable care will be exercised for the general well-being of this minor, I also understand and assume the risks inherent with these camp activities, and release the camp and its staff from responsibility for any illness or injury sustained by this minor in this camp.

Parent/Guardian Signature

Sworn and subscribed in my presence this _____ day
of _____

Notary Public

Registrar and Location of All Camps

Please send application and payment to address below

SWO NYI Attention: Aimee Pritts
7943 Tylersville Road; West Chester, OH 45069

Payment Information

If paying on-line, skip this section

Please Send Check into above address
Early Bird Registration – Now thru May 16 **\$89**
Regular Registration May 27 – June 13 **\$95**
NO WALK-UP REGISTRATIONS

Parent/Guardian Signature

Camper Signature

Date
