

# Camp CHOF Day Camp-Visitor/Friend Day

Friday we have a special "Visitor/Friend Day" at Day Camp.

The cost: \$15

- This includes the visitor's lunch, Sweet Shop snacks and activities
- No other money is needed

## Please note the following visitor guidelines:

- Visitor may be a friend, relative, brother or sister, but they **MUST** be Day Camp age (5 before June 1st to no older than 8 years old). We regret only one visitor per camper as this is all our space will allow.
- Child should wear comfortable outfit and shoes and bring the following items clearly marked: Backpack or tote, bathing suit, beach towel, sunblock lotion, insect repellent, plastic bag for wet items.

Parent or guardian of the visitor must fill out this Friend Day Permission Slip and have it returned by the morning of Friend Day to the Day Camp Director with the money, Acknowledgement/Release Contract, Permission to Administer Medication and Health History Form in order for their child to attend.

At the end of the day, your child will be dismissed with the friend they attended Day Camp with and to a person who had permission on the Day Camper's Child Security Form.

(Detach & return)

## DAY CAMP VISITOR/FRIEND PERMISSION SLIP

I GIVE MY PERMISSION FOR MY CHILD \_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip) (Phone)

TO ATTEND VISITOR'S DAY WITH \_\_\_\_\_  
(Camper)

ON \_\_\_\_\_ AT CAMP CHOF.  
(Date of event)

\_\_\_\_\_  
(Parent or Guardian Signature) (Today's Date)

\_\_\_\_\_  
(Print Name)

# ACKNOWLEDGEMENT/RELEASE CONTRACT



Camper's Name \_\_\_\_\_

Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

In consideration for my child being permitted to participate in swimming and water slide, go-karts, airguns, archery, paintball, climbing wall/zip line and other activities at Camp CHOF, I agree to the following provisions -

### ACKNOWLEDGEMENT OF RISKS

I understand that there are numerous risks associated with participation in camping activities, including (but not limited to) hiking, climbing, rope activities, swimming, go-karting, zip lining, paintball, field games. I recognize that accidents occur, including (but not limited to) mild or severe bodily injury, illness. For this and other reasons, the risks cannot be eliminated, altered or controlled. Some, but not all, of the specific risks include:

- Weather conditions which may change rapidly and unpredictably, causing injury directly (sunburn, hot/cold temperature extremes) or by affecting other factors (performance of equipment may be impaired).
- Equipment used in the activity may break, fail or malfunction despite reasonable maintenance and use. Some equipment may cause injury even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and others.
- Some activities take place in a natural environment, where unexpected and unmarked objects and conditions create risks of injury from falling, tripping, etc., insect or animal contact, and potentially harmful vegetation.
- Activities in or near water involve risk of injury. Bodies of water present risks of water movement, subsurface conditions, cold water temperatures, water impurities and the like. There is also the risk of falling from or being struck by a water floatation.
- Motor vehicle accidents may occur in the course of transporting camp participants to/from other facilities or locations.

These are some, but not all, of the risks inherent in camping activities; a complete listing of all risks is not possible. There are also some risks that cannot be anticipated. Counselors and camp staff will use their very best judgment in determining how to react to circumstances including the aforementioned and other unpredictable, natural phenomena.

### EXPECTATIONS OF PARTICIPANT

Each participant is:

- expected to obey the leader/supervisor assigned
- expected to obey all posted rules and regulations,
- expected to assist by informing/alerting the group leader(s) to situations which may cause injury to themselves and/or others

### SPECIAL REQUIREMENTS

Each participant should provide satisfactory clothing and applicable footwear. Camp CHOF does not provide and assumes no responsibility for personal clothing, personal camping gear and the like and/or injury arising from the participants lack of, use or misuse of same.

There are no physical, emotional or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me in writing to the management of Camp CHOF on the "Health History" form.

Any medical claim(s) my child incurs is my responsibility to submit through my Insurance provider unless I have no insurance, in which case, claim(s) can be submitted through Canton Baptist Temple.

### RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION PROVISIONS

I have read and fully understand the terms of this Agreement, and have explained its terms to my child. I give my permission for my child to participate in all camp activities, including (but not limited to) those described, unless otherwise stated.

I understand that the camp may, on occasion, record the image, voice or likeness of me/my minor child. I hereby give permission for the camp to do so and use these images for publicity, promotion or in publications without remuneration to me or my minor child. Camper names, addresses, or other personal information is not released in any publicity materials without the expressed consent of the parent of minor child or adult participant. I agree that this and any other completed form may be photocopied for camp use.

I hereby release and waive any claim of liability against Camp CHOF, Canton Baptist Temple and their agents, employees, officers, directors, shareholders, successors and assigns with respect to any injury, illness, damage or loss of life, occurring to my child while he/she participates in any and all activities that are a natural incident of my child's participation.

If any part of this agreement is found to be null and void, the action shall not void any other part of this agreement.

### SIGNATORY ACKNOWLEDGEMENT

(NOTE: Parent/guardian must sign this form if the participant is a minor, under age 18)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY CONTACTS

## Emergency Contact Information

Mother/Guardian

Phone Number

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Father/Guardian

Phone Number

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If unable to reach parent/guardian at above phone numbers, please call:

2<sup>nd</sup> Choice

Phone Number

Relationship to Camper

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3<sup>rd</sup> Choice

Phone Number

Relationship to Camper

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## Medical Insurance Information

My Camper is covered by family medical/hospital insurance (Check only one)

Yes

No

Insurance Company: \_\_\_\_\_

## HEALTH HISTORY INFORMATION

My Camper is allergic to: (Check all that apply)

- Food
- Medicine
- The Environment
- Other \_\_\_\_\_

Please describe below what the camper is allergic to and the reaction that is seen:

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### What have we forgotten to ask?

Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the Camp program.

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### Parent/Guardian Signature Authorization

The health history is correct and complete as far as I know, and I give permission for my child to engage in all prescribed camp activities, except as noted by me here. I understand that the camp staff may place limits on my child's participation with the intent of reducing the risk of harm or injury to him/her. I have explained the above statement to my child and he/she understands and agrees to abide by all rules and limits on his/her participation as deemed necessary by the camp staff.

In the event I cannot be reached in an emergency in a reasonable amount of time, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I understand that should injury/illness occur to my child where medical treatment is needed, the claim(s) will be my responsibility to submit to my insurance provider (listed) unless I/my child have no insurance, in which case claims can be submitted through Canton Baptist Temple.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

# PERMISSION TO ADMINISTER MEDICATION(S)

All medications (prescription and non-prescription) must be clearly marked in their original bottle. They will be collected and maintained in our Camp Office under lock and key as per Ohio State Law. Please attach or bring to registration any additional sheets if necessary.

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|--|
| Medication Name _____                        |
| How medication is to be taken _____          |
| Dosage _____                                 |
| Schedule/Frequency (Check all that apply)    |
| <input type="checkbox"/> Breakfast (8:30 am) |
| <input type="checkbox"/> Lunch (12:30 pm)    |
| <input type="checkbox"/> Other Time _____    |
| Special Instructions                         |
| _____  |
| _____  |
| _____  |

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|--|
| Medication Name _____                        |
| How medication is to be taken _____          |
| Dosage _____                                 |
| Schedule/Frequency (Check all that apply)    |
| <input type="checkbox"/> Breakfast (8:30 am) |
| <input type="checkbox"/> Lunch (12:30 pm)    |
| <input type="checkbox"/> Other Time _____    |
| Special Instructions                         |
| _____  |
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|--|
| Medication Name _____                        |
| How medication is to be taken _____          |
| Dosage _____                                 |
| Schedule/Frequency (Check all that apply)    |
| <input type="checkbox"/> Breakfast (8:30 am) |
| <input type="checkbox"/> Lunch (12:30 pm)    |
| <input type="checkbox"/> Other Time _____    |
| Special Instructions                         |
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| _____  |
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|--|
| Medication Name _____                        |
| How medication is to be taken _____          |
| Dosage _____                                 |
| Schedule/Frequency (Check all that apply)    |
| <input type="checkbox"/> Breakfast (8:30 am) |
| <input type="checkbox"/> Lunch (12:30 pm)    |
| <input type="checkbox"/> Other Time _____    |
| Special Instructions                         |
| _____  |
| _____  |
| _____  |

I understand that the camp health staff must occasionally address minor health concerns/requests. I understand that the camp health staff will have to, on occasion, administer non-prescription over-the-counter supplies/medications not to exceed the limits for my child as set forth on the medication label. The health supplies/medications dispensed include (but are not limited to): "safe" bug repellent, sunblock lotion, band-aids, bandages, hydrogen peroxide, topical cleaning agents/antiseptics, tylenol and pain relief medication.

I give permission to administer "safe" bug repellent and/or sunblock lotion as needed

Please call me before administering "safe" bug repellent and/or sunblock lotion

I give permission to administer non-prescription, over-the-counter supplies/medications as needed.

Please call me before administering any non-prescription, over-the-counter supplies/medications.

I understand the above policy and that my signature below acknowledges that I have completed this medication form and relinquished medications to the camp health staff at check-in to be administered as specified, and I also authorize the camp health staff to administer routine care for minor health requests/concerns for my child as needed, unless otherwise stated.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_



**We recommend that you mark all clothing and belongings with a permanent marker. Unfortunately, there are many pieces of clothing left at camp each summer that are not claimed and are unidentifiable. This substantial lost and found pile is held on site for 2 weeks after the Summer camping season ends before being donated to charity. While we are happy these items find a good home eventually, we want the person who owns the clothing/items to have them again! We are not responsible for lost or stolen items! (Please call the camp 330/837-1534 about any lost items: first to expedite locating items and also to schedule the best time to arrive at the camp to retrieve them.)**

#### WHAT TO BRING

- \_\_\_\_\_ Back Pack/Tote Bag
- \_\_\_\_\_ Child should wear comfortable outfit and shoes
- \_\_\_\_\_ Swimsuit
- \_\_\_\_\_ Beach/Bath Towel
- \_\_\_\_\_ Sunblock Lotion: a must so child doesn't burn
- \_\_\_\_\_ "Safe" Bug/Mosquito Spray or lotion
- \_\_\_\_\_ Rain Gear, Jacket and/or Sweater & Hat (optional)
- \_\_\_\_\_ Plastic Bag: for wet items
- \_\_\_\_\_ "Permission To Administer Medication" form along with the medications (Prescription and non-prescription over-the-counter medications - aspirin, tylenol, vitamins, etc.). Registration form, Acknowledgement/Release Contract, Health History form, and Child Security form, must be turned in to the Registration Desk at check-in if you have not already turned them in to the Camp Office or registered online.

#### WHAT NOT TO BRING (We are NOT responsible for the return of these items!)

- \_\_\_\_\_ \*Money (Day Camp fee includes t-shirt, lunch, crafts, trips to the Sweet Shop and is all-inclusive)
- \_\_\_\_\_ \*Cell Phones or Pagers
- \_\_\_\_\_ Camera (each family will receive a CD of photos at the end of the week and photos of each day can also be accessed thru the Parent/Bunk1 Notes on our website: [www.campchof.org](http://www.campchof.org))
- \_\_\_\_\_ Drugs, Alcohol, Tobacco
- \_\_\_\_\_ Weapons, Knives, Firearms, Fireworks
- \_\_\_\_\_ Hand-held Games (Gameboy, etc.), Lap Top Computers
- \_\_\_\_\_ Radios, Boom Boxes, CD/DVD Players, MP3/ MP4 Players, Ipods, I pads, electronic tablets, etc.
- \_\_\_\_\_ Skateboards, Rollerblades, Mini Bikes, etc.
- \_\_\_\_\_ Inappropriate Materials
- \_\_\_\_\_ Clothing or items with printing that may be offensive
- \_\_\_\_\_ Pets