



Registration  
Packet  
Day Camp

Camp CHOF has moved everything to an online registration process. If you would like to complete this process online, please go to [www.campchof.org](http://www.campchof.org) and register your camper today!

If you would like complete this packet to turn in to Camp Office/Church Office, we will need a few things completed on this page first. Thank you for your cooperation, and you can find a list of what we will need below.

To register your camper, you must have an account created. Please provide your email address and password that you would prefer. All emails and passwords are kept in a secure place and will not be used or disclosed in any manner. They will only be used for Camp purposes. Please keep a copy for your records.

Email: \_\_\_\_\_

Password: \_\_\_\_\_

If you do not have an email, by signing below, you are giving Camp CHOF and Canton Baptist Temple permission to create an account with Camp CHOF to register your camper. All information will not be disclosed in any manner and can be obtained upon request. This information can only be collected by the primary contact in this packet.

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

Please check the camp your child is going to attend:

- Day Camp Week 1 – June 15-19. Cost: \$140
- Day Camp Week 2 – June 22-26. Cost: \$140
- Day Camp Week 3 (Shortened Week) – June 29-30. Cost: \$59
  - Day Camp Week 4 – July 6-10. Cost: \$140
  - Day Camp Week 5 – July 13-17. Cost: \$140
  - Day Camp Week 6 – July 20-24. Cost: \$140

## **Primary Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number 1: \_\_\_\_\_

Phone number 2: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email address: \_\_\_\_\_

Relation to the camper: \_\_\_\_\_

## **Secondary Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number 1: \_\_\_\_\_

Phone number 2: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email address: \_\_\_\_\_

Relation to the camper: \_\_\_\_\_

## **Day Camp Registration**

Welcome to the 2020 Day Camp Registration!

Day Camp runs Monday through Friday, 8:30 am-4:30 pm, the same weeks as Resident Camp and provides campers (grades K-2) with the opportunity to enjoy the experience of camp without the concerns of staying overnight. Campers are able to go swimming, ride in go-karts, make unique crafts, play games, and much more! Day Camp provides campers with the opportunity to learn about God. They will learn about God's love for them through real Bible stories, appreciation of God's handiwork in nature, and by loving example from trained counselors. Rest assured that the safety of each camper is our highest priority.

A typical day may look like this:

9:00 am – Arrive at Camp, pledges, songs

9:30 am – Playground, go-karts, crafts, Miss Flutter's nature lesson, games

11:30 am – Lunch

12:00 pm – Bible story

12:30 pm – Swimming

2:00 pm – Bible story

2:30 pm – Games

3:00 pm – Sweet Shop

3:30 pm – Review of day's events

4:00 pm – Leave for home

# Camper's Basic Information

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

Camper's Birthdate: \_\_\_\_\_

Camper's Grade in Fall 2020: \_\_\_\_\_

Camper's T-shirt Size (Mark only one)

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Youth Small  | <input type="checkbox"/> Adult Small  |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large  | <input type="checkbox"/> Adult Large  |
| <input type="checkbox"/> Youth XLarge |                                       |

What is the name of your home church? (If you currently have a home church)

\_\_\_\_\_

What is the name of your Senior Pastor? (If you currently have a home church)

\_\_\_\_\_

How did you hear about Camp CHOF? (Please check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Radio         | <input type="checkbox"/> Camp Fair  | <input type="checkbox"/> YouTube         |
| <input type="checkbox"/> My Church     | <input type="checkbox"/> Web Search | <input type="checkbox"/> Flyer           |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Facebook   | <input type="checkbox"/> Canton Kid Fest |
| <br>                                   |                                     |  |
| <input type="checkbox"/> Other _____   |                                     |  |

## Day Camp Transportation

Please check the appropriate location for morning and afternoon pick-up/drop off.

(Please attach a signed note with an explanation IF child's "Drop Off" and/or "Pick Up" differs from below.)

### Morning Drop-Off

- Church (by 8:25 am)
- Camp CHOF (after 8:55 am)

### Afternoon Pick-Up

- Church (4:30 pm sharp!)
- Camp CHOF (4:00 pm)

# Camper Health/Health History

## Allergies

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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## Diet & Nutrition

My Camper: (Check only one)

- Eats a regular diet
- Has special food needs

(Please understand that Camp CHOF provides one meal option per meal time, and special meals will not be created for any one camper. You will need to provide your camper with their own meals for the entire week. We will provide peanut butter and jelly sandwiches as an alternative main course during lunch hours only. Thank you.)

## Medical Insurance Information

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

- Yes
- No

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

## General Medication

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their original pharmacy containers with labels which show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at Camp.

The following non-prescription medications may be stocked in the Camp Health Center and are used on an as-needed basis to manage illness and injury.

Please check the medication(s) your camper should NOT be given:

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil, Motrin) |
| <input type="checkbox"/> Sudafed/Sudafed PE      | <input type="checkbox"/> Cough syrup (non-drowsy)  |
| <input type="checkbox"/> Benadryl                | <input type="checkbox"/> Antibiotic cream          |
| <input type="checkbox"/> Cough drops             | <input type="checkbox"/> Aloe                      |
| <input type="checkbox"/> Calamine lotion         | <input type="checkbox"/> Pepto-Bismol/Tums         |

## Mental, Emotional, and Social Health

Has the camper had a significant life event that continues to affect the camper’s life (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, been diagnosed with ADD or AD/HD, eating disorder, emotional/behavioral difficulties, etc.)?

- Yes
- No

Please explain any “Yes” answers in the space below. If needed, the Camp may contact you for additional information.

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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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## Permission to Treat Authorization

I hereby give permission to the medical personnel to provide routine health care, to administer prescribed medications, and to administer emergency treatment for me/my child including, but not limited to, X-rays, routine tests and treatment, and/or hospitalization, and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of Camp.

### Camper Agreement

I understand and agree to abide by any restrictions placed on my activity at Camp.

Parent Signature \_\_\_\_\_

# Prescription Medication

All medications (prescription and non-prescription) must be clearly marked in their original bottle. They will be collected during Sunday evening check-in 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.

Medication Name \_\_\_\_\_

How medication is to be taken \_\_\_\_\_

Dosage \_\_\_\_\_

Schedule/Frequency (Check all that apply)

- Breakfast (8:30 am)
- Lunch (12:30 pm)
- Dinner (5:15 pm)
- Lights Out (10:40 pm)
- Other Time \_\_\_\_\_

Special Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_

How medication is to be taken \_\_\_\_\_

Dosage \_\_\_\_\_

Schedule/Frequency (Check all that apply)

- Breakfast (8:30 am)
- Lunch (12:30 pm)
- Dinner (5:15 pm)
- Lights Out (10:40 pm)
- Other Time \_\_\_\_\_

Special Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_

How medication is to be taken \_\_\_\_\_

Dosage \_\_\_\_\_

Schedule/Frequency (Check all that apply)

- Breakfast (8:30 am)
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- Dinner (5:15 pm)
- Lights Out (10:40 pm)
- Other Time \_\_\_\_\_

Special Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_

How medication is to be taken \_\_\_\_\_

Dosage \_\_\_\_\_

Schedule/Frequency (Check all that apply)

- Breakfast (8:30 am)
- Lunch (12:30 pm)
- Dinner (5:15 pm)
- Lights Out (10:40 pm)
- Other Time \_\_\_\_\_

Special Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Day Camp Information

**REGISTRATION:** Day Camp is for boys and girls who are in grades K-2. (Children must be age 5 by June 1 and not older than age 8.) A completed Day Camp Registration form is needed to begin registration. A \$25 deposit is required per child per week to guarantee his/her requested week and is applied toward the camper cost (this excludes child/guest attending free under the Special Military Invitation from a military family). The balance is due on or preferably before the week your child attends. Payments can be made online or we accept cash, credit card or check (make check payable to: Canton Baptist Temple).

\*The cost includes lunch and items from the Sweet Shop each day, a Camp CHOF T-Shirt, Craft, and Picture CD. Please do not pack any money with your child as no spending money is needed or required.

\*A Child & Dependent Care tax credit may be available for expenses incurred for your child if they attend Day Camp and you meet the qualifications set forth by the IRS. Visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM to inquire.

**REFUNDS:** All money is refundable (EXCLUDING THE \$10 ADMINISTRATION FEE) only if you notify the Camp at least two (2) weeks in advance of cancellation. If camper does not stay the entire week due to homesickness, illness, discipline problems, etc., no refund will be made.

**ARRIVAL/DEPARTURE:** Your child can travel to and from the camp by bus from CBT (Door E) each day or you can drop off and pick up your child directly at the camp.

Monday is check-in: Check-in begins with a head lice check. Be sure to check your child's head before bringing them to check-in to save possible embarrassment to yourself and your child if they must be turned away. Camper check-in is at CBT (Door E) from 7:45 - 8:25 am or from 8:50 - 9:00 am at the Camp Office if child is brought directly to the camp. Be sure you bring with you (if the Camp doesn't already have in its possession) all the necessary completed forms for each child at this time: Registration form, Permission to Administer Medication form, Health History form, Child Security Form, and Acknowledgement/Release Contract. All prescription & non-prescription over-the-counter medications that a child may need must be supplied by the parent/guardian and turned in at this time.

Tuesday thru Friday: If your child is traveling to the camp by bus from CBT, your child should be present at the back of the church (Door E) each day between 8:15-8:25 am to load the bus. The bus leaves promptly at 8:30 am. If he/she is being brought directly to the campgrounds, they should arrive at 9:00 am at the Camp Lodge front porch. Campers will return to CBT (Door E) at 4:30 pm sharp or should be picked up at the Camp Lodge front porch by 4:00 pm sharp. Please be prompt in picking up your child from either location!

**ABOUT OUR WEEK:** Your child will be placed in a group according to age which is supervised by a trained counselor. Activities will include games, crafts, nature time, swimming, Bible stories, go-kart rides with a counselor, and the Sweet Shop. You will be informed which day is designated as "Shirt Day" and we ask that your child wear the camp shirt they received the morning of check-in.

**WHAT TO BRING/NOT TO BRING:** (see "packing list") Securely mark all items with a permanent marker. Campers are not permitted to have a cell phone and parents are asked not to visit or call their child during the day except for an emergency. In case of an emergency, the camp may be contacted at 330/837-1534 or 330/477-6267 x126.

**ABOUT VISITOR/FRIEND DAY:** This special day is set aside for your child to bring one friend or sibling with them to share in their Day Camp experience. This friend must also be in grades K-2 and be age 5 before June 1. The cost for the friend is \$15. Many campers do not bring visitors, so reassure your child that they will still have a great time with their new friends from Day Camp even if they come alone. A Friend Day Packet consisting of a Permission Form, Health History Form, Acknowledgement/Release Contract and Permission to Administer Medication Form must be filled out by the parent/guardian of the child wishing to participate in Friend Day. These forms can be downloaded from the camp website or packets will be available at the Camp and/or Church Offices. Completed forms and fee will need

returned by the morning of Friend Day. Friends should bring a backpack or tote with a bathing suit, towel, sunblock lotion, bug spray and plastic bag for wet suit.

INSURANCE: Any medical claim(s) your child incurs is your responsibility to submit through your Insurance provider.

SECURITY: The entire camp staff is screened and fingerprinted in accordance with Ohio Law requirements before being hired. In order to insure the safety of your child, a security system will be in place to identify those adults who are authorized by you to pick up your child at the end of the day. Be sure you have completed a Child Security Form.

## Day Camp Packing List

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**

Backpack/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; 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 through 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.), laptop computers

Radios, boom boxes, CD/DVD players, MP3/MP4 players, iPods, iPads, electronic tablets, etc.

Skateboards, rollerblades, mini bikes, etc.

Inappropriate materials

Clothing or items with printing that may be offensive

Pets

## Confirm Primary Contact's Information

Please fill out all of the information below. This information is the legal guardian(s) of the camper.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Alternate Contacts

In the unlikely event that the primary contact cannot be reached, an alternate contact will be used.

### **Alternate Contact #1**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relation to camper \_\_\_\_\_

### **Alternate Contact #2**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relation to camper \_\_\_\_\_

## Contact and Pickup

ALL contact and pickup information represents the ones who are permitted to pick up my camper at any point during the week.

Signature \_\_\_\_\_

## Discounts

CBT MEMBER/ATTENDER – Applies if you are a member/regular attender of Canton Baptist Temple (must have attended at least once in the last year)

FAMILY – Receive \$10 off your cost if three (3) or more from immediate family attend.

MULTIPLE WEEKS – Applies only to child's 2<sup>nd</sup> or more weeks attended in one summer. No other discounts apply and does not include sponsored children.

Please select which discounts apply to you:

- CBT Member/Attender
- Family
- Multiple Weeks

## Camp CHOF Donations

Your donation, no matter the amount, will be much appreciated. Thank you for your consideration and the eternal impact your donation will have on the lives of many young people. God Bless!

- Cabin Renovation Donation
- Camp CHOF – General Donation
- Send a child to Camp

Donation Amount \_\_\_\_\_

# Acknowledgment/Release Contract

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

## ACKNOWLEDGMENT 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, paintball, ziplining, and field games. I recognize that accidents occur, including (but not limited to) mild or severe bodily injury and/or 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 device.
- 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 participant's lack of, use, or misuse of the 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.

Signature (required) \_\_\_\_\_