



# Registration Packet

Resident 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 to 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:

- Middle School Week 1 - (going into or out of grades 6-8) June 13-18 Cost: \$255
  - Junior Week 1 - (going into or out of grades 3-5) June 20-25 Cost: \$245
  - High School Week - (going into or out of grades 9-12) June 27-July 2 Cost: \$265
    - Junior Retreat - (going into or out of grades 2-5) July 7-9 Cost: \$109
- Middle School Week 2 - (going into or out of grades 6-8) July 11-16 Cost: \$255
  - Junior Week 2 - (going into or out of grades 3-5) July 18-23 Cost: \$245

## **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: \_\_\_\_\_

# Resident Camp Registration

Welcome to the 2021 Overnight Camp Registration!

Resident Overnight Camp runs Sunday evening through Friday evening and provides campers with the unique opportunity to connect with God and each other in a safe environment away from life's daily distractions. Campers can participate in a variety of exciting activities including: swimming, water slide, go-karts, paintball, climbing wall/zip line, crafts, challenge course, water games, field games, archery, and much more! Most importantly, campers are challenged by God's Word each day through trained counseling staff and a special guest speaker. Camp CHOF is dedicated to giving each individual camper a memorable week!

A typical day may look like this:

7:30 am – Wake Up  
8:05 am – Devotions  
8:30 am – Breakfast  
9:00 am – Chapel  
10:00 am – Morning Game  
11:15 am – Activities  
12:30 pm – Lunch  
1:00 pm – Cabin Time  
2:00 pm – Swimming  
3:15 pm – Cabin Challenges  
4:30 pm – Free Time  
5:00 pm – Bible Quiz  
5:45 pm – Dinner  
6:15 pm – Team Meetings  
6:45 pm – Big Game  
7:45 pm – Sweet Shop  
8:45 pm – Evening Chapel  
9:45 pm – Prepare for Bed  
10:20 pm – Chapel Talk  
10:30 pm – Lights Out

# Camper's Basic Information

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

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

Camper's Grade in Fall 2021: \_\_\_\_\_

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

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

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 |
| <input type="checkbox"/> Other _____   |                                     |  |

# 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 “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.

Camper Signature (if over 18 years of age) \_\_\_\_\_

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 \_\_\_\_\_

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- 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Resident Overnight Camp Information

**REGISTRATION:** A completed Resident Registration Form is needed to begin registration. A \$50 deposit is required per child/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, and check (make payable to: Canton Baptist Temple).

**SECURE ONLINE PAYMENT:** Make payments toward your child's Camp cost through your account online. Be sure to save your login name and password. If you are filling out a hard copy, payments can be made at the church office, at the Camp Desk, or over the phone with a credit card.

**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.

**CHECK-IN FOR CAMPERS:** Check-in is in the CHOF Tabernacle on Sunday evening beginning at 5:30pm. Check-in begins with a head lice check. Be sure to check your child's head before bringing them to the Camp to save possible embarrassment to yourself and your child if they must be turned away. Any extra Sweet Shop money and medications must be turned in at this time as well.

**CHECK-OUT FOR CAMPERS:** Friday night, 7-7:45pm, is the closing ceremony, after which you can collect your child and his/her belongings for departure. Parents, family, and friends of campers are encouraged to attend the closing ceremony. All campers and guests should be off the Camp grounds no later than 8:30pm.

**SPENDING MONEY:** The recommended amount is \$20-\$30 and must be turned in at check-in/online registration (do not pack money in suitcase or backpack). Your child can withdraw money each day from his/her account to purchase crafts, snacks, Camp merchandise, and other items. Unused money will be returned to the child on their last day. No Early Bird Sweet Shop money will be refunded. Camp merchandise will also be available for purchase the day of arrival and departure.

**CABINING:** Your child's roommate choice should be in the space provided on the registration form and the roommate must request your child on their form. We cannot guarantee more than one choice.

**WHAT TO BRING/NOT TO BRING:** All campers should dress modestly with shorts no higher than three (3) inches above the knee. All clothing should be respectable and in good taste. No clothing with printing that may be offensive will be permitted. Items deemed inappropriate will be confiscated. Securely mark all items with a permanent marker. No cell phones or electronic games! We are not responsible for the return of these items! We're not responsible for lost or stolen items. Lost and found items will be held on the Camp grounds for one (1) week before being donated to charity. See "Packing List" on next page.

**PARENT/GUARDIAN:** CAMPERS ARE NOT PERMITTED TO HAVE A CELL PHONE, AND PARENTS ARE ASKED NOT TO VISIT OR CALL THEIR CHILD DURING THE WEEK EXCEPT FOR AN EMERGENCY. In case of an emergency, the Camp may be contacted at (330) 837-1534 or (330) 477-6267 ext. 126. Campers are not permitted off the Camp grounds without the Camp Director's prior permission and your written consent.

**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 the Ohio Law requirements before being hired. A sheriff deputy patrols the Camp grounds every evening through the following morning. A security system is in place to identify adults who are authorized to pick up a child.

## Friend Request

Please give the name of a friend who you would like to be in the same cabin with.

Please remember that 2 friends must request each other to guarantee that they will be placed in the same cabin.

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## 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

EARLY BIRD – This discount is valid February 1 – March 31, 2021. \$20 will appear in your Sweet Shop account upon arrival. These dollars are only redeemable at Camp CHOF and do not hold cash value.

FRIEND – Invite friends who have never attended Camp CHOF before and receive \$10 off YOUR cost for EACH FRIEND. Does not include sponsored friends.

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. Does not apply for the Junior Retreat.

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)

Please select which discounts apply to you:

- Early Bird
- Friend
- Family
- Multiple Weeks
- CBT Member/Attender

Friend Discount (Give the name of the friend who will be attending)

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## 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 \_\_\_\_\_

## Sweet Shop

I would.....

- Like to add money now in the amount of \_\_\_\_\_
- Like to add money later
- Add no money because of the Early Bird discount
- Add no money

# 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) \_\_\_\_\_

## Resident Overnight 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 1 week following your camper's completed week before being donated to charity. While we are happy these items find a good home eventually, we want the person who owns the clothing 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**

Bible

Bedding & Pillow (sheets and a blanket or sleeping bag)

Towels & Washcloths

Toilet Articles and other 'Necessities'

Plenty of Underclothes & Socks (boxer shorts should not be worn as outer garments)

Pajamas

Modest Play Clothes: old jeans, pants, shorts, and long & short sleeve shirts. No shorts or skirts should be more than one hand length above the knee. No midriff, tank, tube, or spaghetti strap tops. Guys must wear a shirt throughout the camp. No clothing with printing that may be offensive. Bring clothes for warm and cool weather.

Rain Gear & Jacket and/or Sweatshirt & Hat

Paintball Gear (campers attending Camp Ignite or Collision Camp only) - Long pants / long sleeved shirt, gloves, neck protection (bandana), hat or baseball cap, hoodie, hard soled hiking shoes or boots

Comfortable Shoes: at least one pair of old sneakers for walking/running and that won't be harmed when wet from rain/mud and water games.

Swimsuit(s): Modest styles for guys and gals. Gals are expected to wear a one-piece swimsuit or a tankini style as long as it covers the midriff. A T-shirt will be required to be worn over swimsuits other than these mentioned.

Flashlight & fresh batteries

Large plastic bag for dirty laundry and wet items

Sunblock lotion so child doesn't burn

'Safe' Insect Repellent - Pump or lotion recommended instead of aerosols

Letter/Card Writing Material including postage stamps (optional)

Camera (optional - turned in at check-in. It will be assigned to your child's counselor who will deem when appropriate for its use. Photos can be viewed of your child's week at [campchof.org](http://campchof.org).)

Spending money for snacks, crafts & camp merchandise (recommended: \$20-\$30) - must be turned in at Sunday evening check-in. Do not pack money in suitcase or backpack.

Medications: Prescription and non-prescription medications (aspirin, Tylenol, vitamins, etc.) must be in their original bottles and should be turned in at the designated station during check-in Sunday evening.

## **WHAT NOT TO BRING**

(We are NOT responsible for the return of these items!)

Cell Phones, Pagers, MP3 players of any kind, and headphones

Drugs, Alcohol, Tobacco

Weapons, Knives, Firearms, Fireworks

Hand-held Games/Electronics (Gameboy, iPad, Kindle, laptop computer, etc.) Radios, Boom Boxes, CD/DVD Players, MP3 or 4 Players, iPod, etc.

Skateboards, Rollerblades, Scooters, Mini Bikes

Inappropriate Materials (Magazines, etc.)

Clothing or items with printing that may be offensive

Pets (stuffed animals, such as Teddy Bears are welcome)