



2009 Youth Registration Form

BOTH sides of this form MUST be completed.

or register online at www.okobojo.org!!

OFFICE USE ONLY	
Date Rcv'd _____	
Check # _____	CC
Amt \$ _____	
Staff Sign-off: _____	

Deposits of **\$100** must accompany registration forms. **Deposits are non-refundable.**

Send completed forms to **1203 Inwan St. Milford, IA 51351** Call 1.800.656.2654 or email registrar@okobojo.org with questions.

Name: _____ Birth date ____/____/____ Age: _____ M / F

Address: _____ City: _____ ST: _____ Zip: _____

Parent Name: _____ Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Emergency Contact: _____ Phone: (____) _____

Home Church & City: _____ E-Mail _____

ONE FRIEND with whom you'd like to room; **You MUST choose each other**

Grade completed by camp week: _____ Please **CIRCLE** the week for which you are registering:

Pathfinders <small>Grade completed 2nd, 3rd, or 4th</small>	Trailblazers <small>Grade completed 4th, 5th or 6th</small>	Junior High <small>Grade completed 6th, 7th, 8th or 9th</small>	Senior High <small>Grade completed 9th, 10th, 11th, or 12th</small>	Confirmation <small>Confirmation church groups only</small>
Ingham Only June 21-23 June 24-26 July 19-21 (w/ Trailblazers) ***** _____ \$159 by Feb. 15 _____ \$169 by April 1 _____ \$179 after April 1	Ingham Only June 14-19 July 5-10 July 12-17 July 19-24 (w/ Pathfinders) August 2-7 ***** _____ \$299 by Feb. 15 _____ \$339 by April 1 _____ \$349 after April 1	Ingham July 26-31 August 9-14 Okobojo June 14-19 July 12-17 ***** _____ \$349 by Feb. 15 _____ \$379 by April 1 _____ \$389 after April 1	Okobojo July 19-24 ***** _____ \$349 by Feb. 15 _____ \$389 by April 1 _____ \$399 after April 1	Okobojo Only June 7-12 ***** _____ \$349 by Feb. 15 _____ \$369 by April 1 _____ \$379 after April 1

Member church discount for all campers who belong to a camp association congregation—take off an additional **\$15** from your total

Check for full payment is enclosed.

Please bill my credit card for the full payment (my information is below)

My deposit only is enclosed.

Please bill my credit card for the \$100 deposit (info below)

I will pay the balance upon arrival at camp.

Please bill my church below for the balance:

Church Name _____ City, State _____

Credit Card Payment Information

CC# _____ Exp. Date ____/____/____ **TOTAL to be charged \$** _____

Name on Card (please print) _____

Card Billing Address and Zip _____

Please make sure to fill out the medical form which may be on the back of this form, or go to www.okobojo.org and download the medical release form. YOU MUST have a parental signature on the form in order to come to camp.

The following information is required for your child's safe participation at camp.

Registration is incomplete until this information is provided.

Camper Name: _____ Week of Camp: _____
Birth date ___/___/___ Parents Name(s): _____ (please sign below)

Height: _____ Weight: _____ Are immunizations current? Y / N Date of last tetanus shot: _____

ALLERGIES: (please list specific allergies under the following categories)

Environmental: _____
Medication (penicillin, etc.): _____
Food: _____
Other: _____

Nurse Use Only:

Please list any past medical treatment:

Chronic or recurring illness or medical condition that may affect camp life:

Dietary restrictions : _____

Other suggestions that may help make your camper's week more comfortable:

Medications—Please list names and dosages or attach separate detailed list:

All medicine MUST be brought in original container.

May acetaminophen/ibuprofen be administered as needed? Y / N

Female: Has menstruation began? Y / N Been discussed? Y / N

If so, is her menstrual history normal? Y / N Details: _____

HISTORY: (check and give approximate dates of items if known)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> heart defect/disease | <input type="checkbox"/> convulsions |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> hypertension |
| <input type="checkbox"/> mononucleosis | <input type="checkbox"/> chicken pox | <input type="checkbox"/> measles |
| <input type="checkbox"/> German measles | <input type="checkbox"/> mumps | <input type="checkbox"/> hay fever |
| <input type="checkbox"/> ivy poisoning, etc. | <input type="checkbox"/> insect stings | <input type="checkbox"/> penicillin |
| <input type="checkbox"/> other drugs | <input type="checkbox"/> asthma | <input type="checkbox"/> other _____ |

INSURANCE INFORMATION: (Or submit a copy of your insurance card.)

Insurance Co. _____ Policy # _____

Company Address & Phone # _____

Policy Holder's Name _____

Family Doctor _____ Dr. Phone# _____

For all senior high campers:

If you wish to participate in the High Adventure Course, your parent/guardian must read and sign below:

I give permission for my child to participate fully in the Presbyterian Camp on Okoboji Challenge Course.

I understand that participation may be physically and/or emotionally demanding. I affirm that my child's health is good and my child does not have any undisclosed condition which bears upon fitness to participate in activities. I understand that injury or disability could occur to my child during the child's participation. I assume all obligations, financial and otherwise, which might result from the child's participation and any injury which might occur. I hold blameless and release, Presbyterian Camp on Okoboji, its staff, Board and all related agencies (including Ingham Okoboji Lutheran Bible Camp) from all liability for any injury to the child or personal loss resulting from participation in the Presbyterian Camp on Okoboji activities.

Date: _____

Parent's Signature: _____

*There is a \$10.00 additional fee for the High Adventure Course if you child decides to participate.

** I give my permission for this child to participate in all aspects of the camp's program except as noted. ** I understand that an effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give permission to the staff member selected by the camp to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery as deemed necessary for my child named above. ** I understand that my insurance has primary coverage and Ingham/Okoboji insurance is secondary. ** I will in no way hold Ingham Okoboji, staff members or board members liable. ** I give my permission for any picture taken of my child to be used for promotional purposes.

Signature of Parent or Guardian _____