



CAMP O-AT-KA

Return Camper Application August 12th through August 18th

Date _____

Please enroll (full name) _____ Nickname/called _____

Parent's/Guardian's name (s) _____

Camper's address: _____

City _____ State _____ Zip _____

Home Phone _____ Work or Cell Phone _____

E-Mail _____

Birthdate ____/____/____ Age as of August 12th _____

Grade entering next fall _____ T-shirt size _____

If parents are separated or divorced, who has custody? _____

Present School _____

Address _____

Phone # _____

PHOTO RELEASE

I give permission and consent for my child to allow photographs and videos to be taken of him during camp session activities. I further give permission and consent that any such photographs or videos may be published and used by Camp-O-AT-KA to illustrate and promote the camp experience. Children will not be identified by names in photographs.

Signed (parent or guardian) _____

CERTIFICATION OF PARENT OR GUARDIAN

So that Camp O-AT-KA may provide each child maximum opportunity for personal development, I understand that in signing this application I certify that my child is healthy and free of problems that could be deleterious to his happiness or that of other campers. I agree that

in the event this application is accepted and a place reserved for him at Camp O-AT-KA, he will remain in the Camp until the end of the designated period, unless he is dismissed by the Camp authorities for misconduct or for cause considered sufficient by the Camp.

It is my sincere wish that my son enjoy the experience afforded boys at the Camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating, or archery, etc., may involve hazards for which the Camp cannot be held responsible. In the event of apparent serious illness, I wish my child sent to a reliable hospital and skilled medical aid called at once, for which charges I shall be responsible. I authorize the medical designates of the Camp to administer any urgent or emergency treatment considered necessary by the Camp physician or medical assistants. I desire that notification of such illness be sent to me by prompt means of communication. I give Camp O-AT-KA permission to take my son on trips for off-site activities with other campers and authorize Camp O-AT-KA staff to sign any release of liability statements for my son required by vendors for such activities.

Camp O-AT-KA reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise decline to accept an application.

Parent or Guardian's Signature _____

Printed Name _____

Note: Applications will be considered only when complete. Boys with completed applications will be awarded spaces based on age distribution, geographical distribution, date of completed application among other factors.

Applications will be complete on the date Camp has received all of the items listed below.

- Application
- 25.00 reservation holding fee
- Health Form
- Information Authorization Form
- Physical Form

The applications should be returned no later than May 1st, 2018

All forms can be found at the following address

<http://www.campoatka.org/dennen-week/>

If you have any questions please contact Joshua Plati at jplati@falmouthschools.org or call the camp at 207-787-3401