

Camp CHOF Day Camp-Visitor/Friend Day

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

The cost: \$20

- 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 must 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)

_____, Birth Gender: _____ Male _____ Female
(Child's Birthdate)

(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)

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Camp CHOF Code of Conduct

- 1) Listen to authority. We have a staff that will give you constant instruction throughout the day. Our desire is to keep all campers safe and in a position to have a great week. The staff is trained to keep the campers safe.
- 2) Keep the camp clean. We have a rustic camp, but a clean camp. All of your trash must be thrown away, and we will make sure our cabin trash is emptied daily.
- 3) Stay with our camp staff. Do not find yourself alone with anyone. You will always be in a group setting, and it is required that you remain in that group setting. Ask permission if you have to use the restroom to keep clear communication with our camp staff. It is important to know where everyone is at all times.
- 4) Stay hydrated. We will make sure there are plenty of water breaks during the day and plenty of water to drink. Bring a water bottle that can be refilled or purchase one out of our Sweet Shop.
- 5) Keep your distance. For health reasons, keep your distance in a few different ways:
 - a. Do not drink after another person. Germs spread, and people get sick.
 - b. Respect the personal space of another individual.
- 6) Do not engage in any type of PDA/romantic relationship and/or touching with any individual of the same or opposite sex.
- 7) Dress and appearance must be in accordance with each camper's biological sex.
- 8) Do not advocate for or demonstrate approval of any behavior, lifestyle, or identity that is contrary to the church's scriptural beliefs (available at cantonbaptist.org/about/what-we-believe; physical copies also available upon request).
- 9) Treat all staff and campers with dignity, kindness, and respect.

Acceptance and Acknowledgment of Statement of Faith and Code of Conduct

I have received a copy of Camp CHOF's/Canton Baptist Temple's statement of faith. I understand it is my responsibility to become familiar with and adhere to the information contained therein. I agree to be bound by the statement of faith and the biblical positions taken by Camp CHOF/Canton Baptist Temple on all the issues of doctrine and lifestyle contained therein, both at and away from Camp CHOF.

I have also received a copy of the Camp CHOF Code of Conduct. I agree to abide by the code of conduct contained herein and understand that if, at any time during or away from Camp CHOF, I violate any specific provisions or the spirit of the code of conduct, I am subject to the discipline listed herein, up to and including expulsion from the camp premises.

_____ (parental initials) I understand that as the legal guardian of my child, I am responsible to read and understand these documents and explain the requirements contained therein to my child. I understand that my child and I will be held accountable for the policies and procedures contained therein, including the parental support statement, binding arbitration, and the code of conduct, all of which are based on Camp CHOF's/Canton Baptist Temple's statement of faith.

Parent Signature

Printed Name

Date

ACKNOWLEDGEMENT/RELEASE CONTRACT



Camper's Name _____

Birthdate _____/_____/_____

In consideration for my child being permitted to participate in camp activities, 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, Gellyball, airguns, archery, waterslides, 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 must 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.

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 affirm 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.

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 ASSUME THE RISKS OF MY CHILD'S ATTENDANCE AND PARTICIPATION AT CAMP AND AGREE TO INDEMNIFY, DEFEND, HOLD HARMLESS, RELEASE, AND WAIVE ANY CLAIM OF LIABILITY against Camp CHOF, Canton Baptist Temple and their agents, employees, officers, directors, 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, INCLUDING THOSE CAUSED OR OCCASIONED BY THE NEGLIGENCE OF CAMP STAFF.

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

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

Signature (required) _____

EMERGENCY CONTACTS

Emergency Contact Information

Mother/Guardian

Phone Number

Father/Guardian

Phone Number

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

2nd Choice

Phone Number

Relationship to Camper

3rd Choice

Phone Number

Relationship to Camper

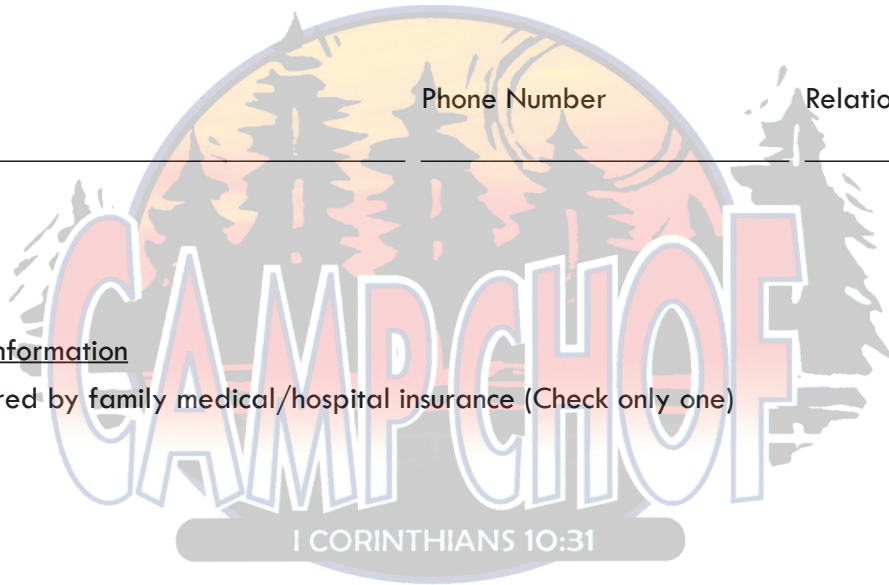
Medical Insurance Information

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

☐ Yes

☐ No

Insurance Company: _____



HEALTH HISTORY INFORMATION

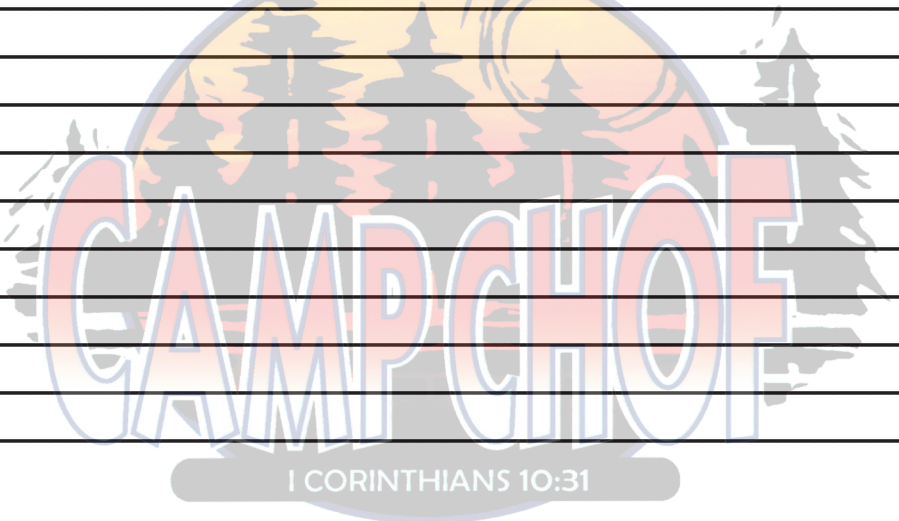
My Camper is allergic to: (Check all that apply)

- ☐ Food
- ☐ Medicine
- ☐ The Environment
- ☐ Other _____

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

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.



Permission to Treat Authorization

1. I hereby give permission to the camp personnel to provide and administer medications described in the "Prescription Medication" page of this packet and to administer over-the-counter medications and first aid for minor illnesses and injuries except those listed on the "General Medication" form.
2. I understand that, although certain volunteers and/or other workers have been familiarized with administering medication, including for but not limited to allergies, anaphylaxis, and epinephrine administration, camp personnel are not medically trained and do not have professional training or experience in meeting the needs of children with medical conditions, including but not limited to allergies, or to identify symptoms or signs that the student is in distress or may need emergency medical treatment. With that understanding, I hereby give my child to be treated for allergic reactions, including the administration of epinephrine.
3. In potential emergencies requiring immediate medical attention, I understand that my child will be taken to and treated at the nearest hospital or urgent care center. I hereby give permission for those responsible for my child at the camp to authorize medical treatment for my child in the event of an emergency.
4. I give permission to camp personnel to contact my child's healthcare specialist, primary care provider, or dentist in the event of an emergency.
5. I AGREE to pay all costs associated with my child's medical care, emergency or otherwise. I understand that the camp does not carry health insurance for campers and that it is my responsibility to submit to my own insurance any healthcare, medication, or medical claim my child incurs while at camp.

Liability Waiver for Medical Care

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child.

I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Ohio and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I ALSO AGREE that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

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 _____

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.

Medication Name_____

How medication is to be taken _____

Dosage_____

Schedule/Frequency (Check all that apply)

☐ Breakfast (8:30 am)
 ☐ Lunch (12:30 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)
 ☐ Other Time_____

Special Instructions

Medication Name_____

How medication is to be taken _____

Dosage_____

Schedule/Frequency (Check all that apply)

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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)
 ☐ Other Time_____

Special Instructions

I understand 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)
- _____ 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