



# Registration Packet Day Camp

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

If you want to complete this packet to turn in to the 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 the 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 10-14 Cost: \$215
- Day Camp Week 2 – June 17-21 Cost: \$215
- Day Camp Week 3 – June 24-28 Cost: \$215
- Day Camp Week 4 (Shortened Week) – July 1-2 Cost: \$99
  - Day Camp Week 5 – July 8-12 Cost: \$215
  - Day Camp Week 6 – July 15-19 Cost: \$215
  - Day Camp Week 6 – July 22-26 Cost: \$215

## **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 2024 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

# 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 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](http://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.

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Parent Signature

Printed Name

Date

# Camper's Basic Information

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

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

Camper's Grade in Fall 2024: \_\_\_\_\_

Birth Gender\*\* (select one):

- Male
- Female

\*\*As a condition of enrollment, parents and campers agree that they will abide by and respect the Church's view of gender and sexuality while at camp (see [www.cantonbaptist.org/about/what-we-believe](http://www.cantonbaptist.org/about/what-we-believe)). This means that campers' appearance and actions must align with, and they will participate in groups that reflect, the camper's biological gender as determined by anatomy at birth. As per our code of conduct, campers are prohibited from any public displays of romantic attraction or affection to members of the same or opposite sex.

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

- Youth Small
- Youth Medium
- Youth Large
- Youth X-Large
- Adult Small
- Adult Medium
- Adult Large

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)

- Radio
- My Church
- Word of Mouth
- Camp Fair
- Web Search
- Facebook
- YouTube
- Flyer

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 the 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 his/her own meal(s) for the required day(s). We will provide bologna sandwiches as an alternative main course during lunch hours only.

If you will be providing special meals for your camper(s), we ask that you package each meal individually and mark it with the camper's name, date, and specific meal. If you have any questions or concerns, please contact the Camp Office. 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 that 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"/> Children’s Tylenol            | <input type="checkbox"/> Children’s Advil                               |
| <input type="checkbox"/> Children’s Benadryl           | <input type="checkbox"/> Children’s stomach relief (comparable to Tums) |
| <input type="checkbox"/> Children’s Allegra            | <input type="checkbox"/> Adult Tylenol                                  |
| <input type="checkbox"/> Adult Advil                   | <input type="checkbox"/> Adult Benadryl                                 |
| <input type="checkbox"/> Adult Tums                    | <input type="checkbox"/> Adult Zyrtec                                   |
| <input type="checkbox"/> Adult Pepto Bismol            | <input type="checkbox"/> Sting Relief                                   |
| <input type="checkbox"/> Cortisone 10                  | <input type="checkbox"/> Eye drops (artificial tears)                   |
| <input type="checkbox"/> Neosporin (triple antibiotic) | <input type="checkbox"/> Calamine Lotion                                |

## 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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# 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)
- 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## Day Camp Information

REGISTRATION: Day Camp is for boys and girls who are between the ages of 5 (by June 1st) and no older than 8. A completed Day Camp Registration Form is needed to begin registration. A non-refundable \$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 American Hero Scholarship). The balance is due on or before the week your child attends camp. Payments can be made online, or we also accept cash, credit card, or check (make check out to Canton Baptist Temple). \*The cost of your child's week of camp includes lunch and items from the Sweet Shop each day, a Camp CHOF t-shirt, crafts, and pictures from the week. 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.

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 the hard copy forms, payments can be made at the church office or over the phone with a credit card.

Refunds -- All money is refundable (EXCLUDING THE \$50 NON-REFUNDABLE DEPOSIT) only if you notify the camp at least two (2) weeks in advance of the cancellation. If a camper does not stay the entire week due to homesickness, discipline problems, etc., no refund will be made. Refunds will be made on a case-by-case basis regarding illness (covid, flu, etc.) or other family emergencies.

ARRIVAL/DEPARTURE: Your child can travel to and from the camp by bus from CBT (Door P) 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 Door P at CBT (back of building) from 7:45-8:25am or from 8:50-9am at the Camp Lodge if the 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 and non-prescription over-the-counter medication that a child may need must be supplied by the parent/guardian and turned in at this time.

Emergency Changes -- If an emergency arises where you are unable to pick up your child at the specified location in your registration packet, contact Katie in the church office at (330) 477-6267 ext. 126 immediately.

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 P) each day between 8:15-8:25am to load the bus. The bus leaves promptly at 8:30am. We ask that you do not drop your camper and leave the premises before the bus is loaded. There will not be a caretaker available to watch your child. If he/she is being brought directly to the campgrounds, they should arrive at 9am at the Camp Lodge front porch. Campers will return to CBT (Door P) at 4:30pm sharp or should be picked up at the Camp Lodge front porch by 4pm sharp. Please be prompt in picking up your child from either location!

If your child needs to be absent for any reason, please contact us before 8:20am that day at (330) 477-6267 ext. 126.

Secure Check-Out -- YOU MUST BRING A PHOTO ID TO SIGN YOUR CAMPER OUT. NO CAMPER WILL BE RELEASED WITHOUT AN AUTHORIZED PICK-UP WITH ID.

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 in Registration Packet. Securely mark all items with a permanent marker.

**CAMPERS ARE NOT PERMITTED TO HAVE A CELL PHONE ON THE CAMPGROUNDS, 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 campgrounds without the Camp Director's prior permission and your written consent.

**DAY CAMP FRIEND DAY:** Friday is set aside as a special day for your child to bring one friend or sibling with them to share in their Day Camp experience. This friend must also be between the ages of 5 (by June 1st) and no older than 8. The cost for this friend is \$20. 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, Acknowledgment/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 fees will need to be returned on the morning of Friend Day. Friends should bring a backpack or tote with a bathing suit, towel, sunblock lotion, bug spray, and a plastic bag for wet swimsuits.

**SECURITY:** The entire camp staff is screened and fingerprinted in accordance with the Ohio Law requirements before being hired. A security system is in place to identify adults who are authorized to pick up a child at the end of the day. Be sure you have completed a Child Security Form and have gone over the list of Authorized Pick-Ups at the time of registration check-in.

## 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 Pick-up

ALL primary and alternate contacts represent the ones who are permitted to pick up my camper at any point during the week.

Signature \_\_\_\_\_

## 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 group.)

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## Discounts

EARLY BIRD – This discount is valid from February 1 – March 31, 2024. This will deduct \$15 from your camper's week of camp.

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 two (2) or more from immediate family attend.

MULTIPLE WEEKS – \$50 off your camper's week of camp. Applies only to a 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 shortened week of Day Camp. Does not apply for any additional week after one week has been attended with a financial scholarship.

Please select which discounts apply to you:

- Early Bird
- 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!

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

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

# Acknowledgment/Release Contract

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, air guns, 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) \_\_\_\_\_

## Church Visit Permission

Camp CHOF is owned and operated by Canton Baptist Temple. Canton Baptist Temple holds all information on campers, and our church has a desire for you to be active in our local church. Filling out this form will lead to a home visit or another form of contact to invite you to our church after your camper's week of camp.

If you are too far away from our church and you do not have a local home church affiliation, we would like to gain your permission to give your contact information to a local church within your area so that they may contact you. By checking yes, you agree that we have permission to give your contact information to a local church of like faith within your area.

- Yes, you have my permission to share my contact information
- No, you do not have permission to share my contact information



## 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 at (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  
Comfortable outfit and shoes  
Swimsuit  
Beach/Bath Towel  
Sunblock lotion: a must so the child doesn't burn  
"Safe" bug/mosquito spray or lotion  
Rain gear, jacket, and/or sweatshirt & hat (optional)  
Plastic bag for wet items  
Required forms that the camp office doesn't already have

### **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 other electronic devices  
Camera (each family will receive photos at the end of the week)  
Drugs, alcohol, tobacco  
Weapons, knives, firearms, fireworks  
Hand-held games  
Laptop computers  
Tablets (iPad, Kindle, etc.)  
Radios, music/video players  
Skateboards, rollerblades, mini bikes, etc.  
Inappropriate materials  
Clothing or items with printing that may be offensive  
Pets