




Camp o' the Pines Registration 2018

 CampoPines.com
 850.479.6555
 850.479.6576

Make checks payable to Youth Outreach Ministry (or Y.O.M.)

 Camp o' the Pines (Y.O.M.)
P.O. Box 18500
Pensacola, FL 32523-8500
Reservations@CampoPines.com

Pricing: Full Amount \$235 per week (includes deposit) • Deposit Only \$50 per week • Recommended Spending Money \$20–\$30

Camper Information

Name _____ Boy Girl
(First) (Middle) (Last) (Prefer to be called)

Date of Birth _____ Age _____ Number of Years Camper has Attended Camp o' the Pines: 0 1 2 3 4 5
(during camp)

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone (____) _____ Parent/Legal Guardian E-mail _____

School _____ Grade Just Completed _____

Church _____

Cabin Mate Request _____ Age _____ (during camp)
(Campers may request only **one** cabin mate of the same age, one year younger, or one year older; this request must be noted on the registrations of both campers in order to be considered.)

Week(s) Attending

June 17–22

June 24–29

July 1–6

July 8–13

July 15–20

New this summer: Camp ends Friday afternoon (see CampOPines.com for more details)

Anticipated Transportation:

Arrival: Private Car Pensacola Bus* Panama City Bus* Fort Walton Bus* Milton Bus*

Departure: Private Car Pensacola Bus* Panama City Bus* Fort Walton Bus* Milton Bus*

*To reserve bus transportation, camper must be paid in full (including spending money).

Emergency Information

Father Legal Guardian _____ Cell (____) _____ Work (____) _____

Mother Legal Guardian _____ Cell (____) _____ Work (____) _____

When parents unavailable, contact the following:

Name _____ Relationship _____ Phone _____

Medical Information

The following medical questions and waiver **must be filled out by camper's parent/legal guardian.**

1. Does the camper have any medical/emotional/behavioral/physical conditions and/or any food/environmental allergies? (e.g. ADHD, ODD, ADD, anxiety, seizures, diabetes, peanut allergy, pollen allergy, etc.) Yes* No If "yes," please explain _____

2. Will the camper be bringing any **routine or as-needed** prescription or over-the-counter medications, vitamins/supplements, or essential oils to camp? Yes* No If "yes," please note the types of medication _____

***If "yes" to either of the above questions (1–2), for the safety of your camper, a Medical Release form must be received in office prior to attending camp. The Medical Release form must be completed by both the parent/legal guardian and a licensed healthcare professional. Registrations will be finalized and payment(s) processed after the Medical Release has been received and reviewed to determine if reasonable accommodation can be made for the camper to attend camp.**

3. If permission from a parent/legal guardian has been given, the camp nurse has been authorized by a staff healthcare professional to administer the following camp-provided OTC medications on an as-needed basis. Check "yes" for any medications you give permission for the nurse to administer.

If left unchecked, option will be considered "no."

Yes No Acetaminophen (Tylenol) Yes No Ibuprofen (Advil/Motrin)

Yes No Calcium Carbonate (Tums) Yes No Auro-Dri (Swimmer's Ear)

Yes No Diphenhydramine (Benadryl)

Please provide additional information regarding your camper's condition and/or social interactions to help the camp staff ensure a successful camp experience for your camper _____

I indemnify and save Youth Outreach Ministry, Inc.; Pensacola Christian College, Inc.; and its affiliates, employees, and agents harmless from any liability or medical payments resulting from my child's participating in this camp or other activities during his/her stay at Camp o' the Pines. I further understand that Youth Outreach Ministry, Inc., does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child to attend the camp, to participate in all the camp activities, and to be treated by a healthcare professional in the event of any injury, accident, illness, or other situation that may require medical attention. I give permission for my child's picture to be used in future publications, including publication on PCC and its affiliates' web pages. Registration fee is nonrefundable and nontransferable. No refunds are available if a child attends any part of a week. I also understand that any camper who has a serious behavior problem or who is out of harmony with the spirit of the camp he is attending may be sent home.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

Signature—Parent/Legal Guardian **only**

Relationship to Child

Date