

2022 CAMPER REGISTRATION FORM



Senior Camp Intermediate Camp

Junior Camp Pee Wee

A \$10 non-refundable registration fee should be included with this application to secure your spot in the camp. We ask that the rest of the payment be made when you register at camp.

PERSONAL INFORMATION

PLEASE READ THIS REGISTRATION CAREFULLY and
FILL OUT COMPLETELY

Name:		Date of Birth:
Current address:		
City:	State:	Zip Code:
Phone	E-mail:	
Grade Completed:	How many years have you attended ECCO?	
Current Church you attend:		
Sponsoring EC Church (if applicable):		
Parent / Guardian:		Phone:
Parent Email:		

MEDICAL INFORMATION

Medical Insurance Company:		Policy #:
Emergency Contact/Phone:		
Address:		
City:	State:	Zip Code:
Relation to Camper:		
Physician Name:		Physician Phone:
Date of last tetanus shot:		
Has anyone in your family had COVID-19 in the last month? (update @ registration)		

Please list any health restrictions below List on separate sheet of paper if you need to (*heart conditions, asthma, epilepsy, etc*)

Please list any current medications/dosages: List on separate sheet of paper if you need to

(All medications must be in their original bottle, please bring any inhalers or epi-pens if they are needed by the camper)

In case of an emergency, if efforts to contact my emergency contact are unsuccessful, I give my permission to the camp nurse or Dean of the camp to authorize any treatment necessary by the attending doctor or hospital staff. I also understand that my personal insurance will be considered the primary insurer in case of sickness or injury that requires medical treatment at a hospital.

Signature:

HEALTH HISTORY

Diabetes Asthma Seizure Disorder Heart Problems Serious Illnesses or Injuries Surgeries

Please list any allergies (specify if they are related to medications, insects, latex, foods, etc. With reactions):

- Does your child receive any additional support at school? IEP/Special Education, 504 accommodations, etc
- Does your child have difficulties in new settings? Home sickness?
- Has your child been a victim of bullying?

Our camp is limited in the amount of care that we can give students with special needs. Please explain any special needs your child may have so that we may follow up with you.

Our volunteer camp nurses will follow regular guidelines and keep your children under regular watch for any health concerns. Our medicine cabinet contains:

Calamine Lotion, Antibiotic Ointment, Hydrocortisone Cream, Tylenol, Ibuprofen, Pepto Bismo, Sunscreen & Aloe just to name a few items. If you have specific items your child should not be given, please list them below.

Please do NOT give my child the following:

Pictures are often taken as mementos and as a historical record of the camp. Pictures may be used on the camp website, as well as social media sites run by the camp. Please sign below to **ALLOW** your child's picture to be photographed and included on social media (names of campers are never placed online)

Signature:

All camps use the lake for general swimming, canoeing and other water activities like the trampoline. Please sign below to **ALLOW** your child to participate in these activities.

Signature:

Camper Code of Conduct

To maintain high standards of morality, health, and safety, and to abide by the laws of our nation and state, the following rules and policies have been established by the Executive Committee of the Camp ECCO Board. Violation of the rules may be punishable up to the dismissal from the camp and financial restitution for willful property damage.

1. I willingly agree that I will not use, possess, or distribute tobacco, alcoholic beverages, controlled substances, illegal drugs, and fireworks.
2. I willingly agree that I will limit my lakefront activities to swimming, fishing, canoeing and the trampoline. I agree that I will not go into the lake or be by the dock without the direct supervision of the camp lifeguard.
3. I willingly agree that I will turn over all prescribed and over-the-counter medicine to the Camp Nurse upon my arrival at registration. The nurse will dispense my medications only according to the specific written instructions of the physician or parent/guardian.
4. I willingly agree that I will not leave the campgrounds for outside activities for any reason with the direct permission of the Camp Dean.
5. I willingly agree that I will not loiter in or around cabins designated for the opposite sex.
6. I willingly agree that I will not leave the dorm during the night with the permission of my counselor. I understand that failure to follow this policy may result in my being asked to leave camp for the remainder of the week.
7. I willingly agree that my clothing will be modest and in good taste and that no vulgar or offensive language or unwholesome activities will appear on the clothing.
8. I willingly agree to always wear shoes, except for prescribed activities
9. I willingly agree to attend and participate in all planned activities and meals unless excused by the Camp Dean.

We have read the above information and will abide by these rules.

Signature of Camper

Signature:

Signature of Parent or Guardian

Signature:

Please return this application along with your registration fee to the camp registrar, Jennifer Compston 5784 Daffodil Court, Grove City, OH 43123. Any questions you may have can be directed to her at campeccoregistrar@gmail.com.

COVID-19 Safety Guidelines for Camper(s)

1. I understand that attending Camp ECCO may increase my child's chances of exposure to Covid-19 and will take precautions (monitor health prior to camp) to minimize exposure to others as well as encourage my child to do all that they can (wash hands, minimize sharing, clean surfaces, etc) to minimize transmission. I understand even with these precautions, they may be at risk to exposure and will need to quarantine or leave immediately should they show symptoms of Covid-19.

Signature: