



**SACONY OVERNIGHT SUMMER CAMP**  
 1583 Sacony Rd, Kutztown PA. 19530

DROP OFF/PICK UP:  
 201 S. 2nd St. Wrightsville PA. 17368  
 (717)-854-1220

[Bishopstephenrambler@gmail.com](mailto:Bishopstephenrambler@gmail.com)

**SUMMER CAMP APPLICATION**

**CAMPER'S INFORMATION:**

Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade Entering Next Fall: \_\_\_\_\_  
 Gender:  Male  Female Camper lives with:  Mother  Father  Both (together)  Other  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 If address to send all camp information is different than above, please indicate address below:

Are there any conditions that we should be aware of that may affect the camper's ability to participate in our program? \_\_\_\_\_

**PARENT'S INFORMATION:**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Where did you hear about Sacony Overnight Summer Camp?

Word of Mouth: Name of Person \_\_\_\_\_  
 Advertisement: Which Publication \_\_\_\_\_  
 Website  Brochure  Camp Fair: Which one \_\_\_\_\_  Fliers Posted

**EMERGENCY CONTACT INFORMATION:**

If parent or guardian is not available, please contact:

Name: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Summer Camp Dates? HOW MANY WEEKS IS YOUR CHILD ATTENDING? Circle the weeks

**Week 1: June 10- June 13th**

**Week 5: July 28th- August 1st**

**Week 2: June 23rd-June 27th**

**Week 6: August 4th- August 8th**

**Week 3: July 7th-July 11th**

**Week 7: August 12th- August 15th**

**Week 4: July 14th- July 18th**

**INSURANCE INFORMATION:** Is the camper covered by family medical/hospital insurance? Yes No  
 If so, indicate carrier or plan name: \_\_\_\_\_ Group No. \_\_\_\_\_  
 Carrier Address: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_  
 Insurance ID No.: \_\_\_\_\_

**IMPORTANT – THIS AUTHORIZATION MUST BE SIGNED FOR ATTENDANCE**

**Parent/Guardian Authorization:** This health history is necessary for insurance purpose. I hereby give my permission to the proper authorities of Sacony Overnight Summer Camp, sponsored by Open Door Mission Miracle Life Church, also know as ODMMLC, to seek appropriate medical assistance for my son/daughter in the event of an injury. ODMMLC Administrator/Staff will attempt to contact me before arranging any medical care unless the situation demands immediate emergency care. I understand that neither the Sacony Overnight Summer Camp nor ODMMLC is responsible for payment of the medical costs incurred in the event of an injury. I also consent to have my son/daughter transported by an Sacony Overnight Summer Camp/ ODMMLC Administrator/Staff or ambulance in the event of illness or injury. I hereby represent and warrant that I am duly authorized to execute this document.

Parent/Legal Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Date: \_\_\_\_\_

**MEDICAL HISTORY INFORMATION:**

Medication Allergies: \_\_\_\_\_  
 Food Allergies: \_\_\_\_\_  
 Other (incl. insect stings, hay fever, asthma, animal dander, etc.): \_\_\_\_\_

Doesnot eat: Meat DairyProducts Seafood Eggs Other (Describe) \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

Has/Does the Camper:	Yes	NO
1. Had any recent injury, illness or infectious disease? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had surgery? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have frequent headaches? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had a head injury? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Wear glasses, contacts or protective eye wear? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had frequent ear infections? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever passed out during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever been dizzy during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Unable to swim? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had back problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had problems with joints? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any skin problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Have diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Have asthma? .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Had mononucleosis within the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Have problems with diarrhea or constipation? .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Have problems with sleep walking? .....	<input type="checkbox"/>	<input type="checkbox"/>
19. If female, have an abnormal menstruation? .....	<input type="checkbox"/>	<input type="checkbox"/>
20. Have a history of bed-wetting? .....	<input type="checkbox"/>	<input type="checkbox"/>
21. Ever had emotional difficulties for which professional help was sought? .....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the questions: \_\_\_\_\_

Please fill out to the best of your ability:

Which of the following has the camper had?

Measles  Chicken Pox  Mumps  German Measles  Hep A  Hep B  Hep C  Covid-19

Is camper current with all immunizations?  Yes  No If No, Please Explain \_\_\_\_\_

Use this space to provide additional information about the participant's behavior, physical, emotional and mental health which the camp should be aware \_\_\_\_\_

DOCTOR/DENTIST INFORMATION: Name of Family physician \_\_\_\_\_

Phone \_\_\_\_\_ Name of Family dentist \_\_\_\_\_

Phone \_\_\_\_\_  This camper takes NO

meds on a routine basis  this camper takes meds as follows: Med #1 \_\_\_\_\_

Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_

Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_ Reason

for taking \_\_\_\_\_

Attach additional pages for more medications

**PARENT/GUARDIAN CONSENT AND AGREEMENT:**

We, the undersigned parent (or guardian) of the camper named on this application, acknowledge that we are fully aware that certain elements of danger are inherent in the activities sponsored by Saony Overnight Summer Camp, which are beyond the control of the agents, the land owners and employees of Saony Overnight Summer Camp, and that participation in any program activities may entail unavoidable risk of personal injury, death and loss of or damage to property. We are aware of the types of activities in which the camper will be participating during his/her stay and have been given ample opportunity to ask any questions which we may have about the environment the camper will live and the activities that he or she will participate in. We are aware of the dangers that are inherent in the operation of any child's camp and in the child's participation in all camp activities on or off premises of said camp including, but not limited to, athletics, including bodily contact, use of tools and equipment, backpacking, swimming, outdoor living skills, and vehicular travel. We Understand our child must be dropped off between 6AM-7AM Every Wednesday and must be picked up between 12pm-1pm Every Saturday. We understand that payment must be made one weeks before each camp week. We understand that our child will not be let in to the program if the dues are not paid. We grant permission to use any photographs or video for promotional use. We have read and understand the terms and conditions of the Agreement/Waiver and we agree to subscribe to them. All Late Payments will be subject to a \$25 late Fee and possibly losing their place in the program.

\_\_\_\_\_  
PARENT/GUARDIAN (Print Name)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# ACKNOWLEDGEMENT

Child must arrive between 6:00 A.M. and 7:00 A.M. WENDESDAY MORNING.

A "late pick up" fee of \$10.00 will be initiated if child is not picked up by 1:00 P.M.SATURDAY

\_\_\_\_\_  
Initial

Payment must be paid, in full, one weeks before the beginning of your camp week. By making your payment on Fridays guarantees a spot for your child to attend Sacony Park Summer Camp the following week. If payment is not received by the due date , your child may lose their spot and another child may be accepted in their place.

\_\_\_\_\_  
Initial

I agree to pay the "return check" service charge of \$40.00 if my check is returned from the bank. Please be advised that the bank charges our account even if they put the check through a second time.

You sign for a weekly spot, Wednesday-Saturday, if you have a vacation planned for that week, please do not sign up for that WEEK. If you know your child has a pre scheduled appt. Please avoid selecting that week as they will not be welcomed. Camper are only permitted to be dropped off on Wednesday and Return on Saturday.

\_\_\_\_\_  
Initial

Please inform us if someone other than yourself will be picking up your child.

\_\_\_\_\_  
Initial

A camper whose behavior is disruptive to the our program or harmful to himself/herself, others, orthe property of the church, will be dismissed at the discretion of Director, with NO refund of fee (full orpartial).

\_\_\_\_\_  
Initial

By initialing and signing this Acknowledgement, I agree to all of the terms of said Acknowledgement.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Please Read Carefully. By signing this document, you accept important legal obligations and waiver legal rights.

I, the parent/guardian of \_\_\_\_\_ (child's name), understands that this is a legal agreement, and by my signature below, I freely understand and accept that I am giving up certain legal rights. I am aware of and agree to allow my child to participate in the activities as part of the Sacony Overnight Summer Camp/ODMMLC MINISTRY. Such activities include, but are not limited to: outdoor games, indoor games, basketball in our indoor gym (collectively the "Activities"). I understand that there are risks involved with participating in activities of this nature and that an injury or illness could occur. **I freely and fully accept all risks, damages, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage and/or loss resulting there from.**

In the event of an emergency, I understand that it may be necessary to transport my child to a medical facility and hereby grant my consent to the Church to transport my child to the nearest medical facility and assume full liability for any costs related to the treatment and transportation of my child . **I hereby release, indemnify and hold harmless the Church, its trustees, directors, corporation members, staff, agents, volunteers, members and representatives from: a) any personal injury, accident or damage to the above named child or his/her property; b) any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise due to the above-named child's participation in the Activities; and c) any and all liability for any damage to the personal property of or personal injury to, any third party resulting from the above named child's participation in the Activities.**

I understand that this is a legal agreement that is binding upon myself, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement I am voluntarily agreeing to abide by its terms and conditions and I am waiving certain legal rights that I or my child may have.

\_\_\_\_\_  
PARENT/GUARDIAN (Print Name)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I give permission to the staff and volunteers of Sacony Overnight Summer Camp, a mission of Open Door Mission Miracle Life Church, to take photographs and videos of the above noted child and for these photos and videos to be used in the future promotion of the activities of Sacony Overnight Summer Camp..

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PARENT/GUARDIAN (Print Name)

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DATE

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PARENT/GUARDIAN SIGNATURE

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DATE

## Sacony Overnight Summer Camp General Camp Policies

### Dress Code:

Sacony Overnight Summer camp does not intend to make judgments on what is morally right or wrong to wear, but we do believe that modesty should be upheld in the camp setting. The following rules will be enforced, and any camper whose attire is not satisfactory will be asked to change.

1. Clothing worn at camp should not be too short, tight, or revealing. Low cut neck lines, see-through styles, spaghetti straps, yoga pants/tights, and fashion that exposes midriffs or undergarments are not permitted. White tank-top undershirts for guys are not to be worn alone, nor shirts with large holes.
2. Shorts must be at least mid-thigh when standing. Pants or shorts with writing on the backside are not acceptable.
3. Tank tops that do not completely cover undergarments may not be worn alone (ex. some racerback styles and styles worn with open backs or cutouts). Guys are prohibited from going shirtless except when at the lake or pool.
4. Swimming attire: one piece for girls that does not expose , cleavage, or large portion of the back. Guys are not allowed to wear Speedos.
5. Clothing that promotes drugs, alcohol, sex, death (i.e. skulls), foul language, or questionable logos are not to be worn.

### Bullying:

Harassing, name-calling, put-downs, physical aggression, gossiping, or any form of emotional, physical, or sexual bullying is strictly prohibited and completely intolerable. Our staff is vigilant in stopping bullying and protecting campers. Campers will be disciplined and their parents will be notified if their child is engaged in this type of behavior. If any campers get into a physical altercation or harm another camper they will have to be sent home immediately.

**Discipline Policy:** Any camper that breaks policy or chooses to not follow the instructions of Sacony Overnight Summer Camp Staff will receive a strike and/or a consequence that fits the offense.

**Strike 1:** Warning, Camper will be pulled aside and talked with individually with their counselor to try and determine the cause of the offense.

**Strike 2:** Camper may be asked to sit out of an activity (such as a game, free time option, etc.) with their counselor to further discuss the cause of the offense and create an action plan moving forward. Higher leadership will be notified and may be present for this conversation.

**Strike 3:** Camper calls home with counselor and leadership staff. Summer Camp Director may be present for this conversation. **Strike 4:**

Camper is dismissed from camp, staff will communicate with parents/guardians to schedule a pick-up time.