



SACONY OVERNIGHT SUMMER CAMP
1583 Saucony Rd, Kutztown PA. 19530

DROP OFF/PICK UP:
201 S. 2nd St. Wrightsville PA. 17368

(717)-854-1220
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 16 th - June 20 th	Week 2: June 23 rd - June 27 th	Week 3: July 7 th - July 11 th
Week 4: July 14 th - July 18 th	Week 5: July 28 th - August 1 st	Week 6: August 4 th - August 8 th

Week 7: August 11th- August 15th

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.): _____

Does not eat: ☐Meat ☐Dairy Products ☐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?

☐ ☐

2. Have a chronic or recurring illness/condition?

☐ ☐

3. Ever had surgery?

☐ ☐

4. Have frequent headaches?

☐ ☐

5. Ever had a head injury?

☐ ☐

6. Wear glasses, contacts or protective eye wear?

☐ ☐

7. Ever had frequent ear infections?

☐ ☐

8. Ever passed out during or after exercise?

☐ ☐

9. Ever been dizzy during or after exercise?

☐ ☐

10. Unable to swim?

☐ ☐

11. Ever had back problems?

☐ ☐

12. Ever had problems with joints?

☐ ☐

13. Have any skin problems?

☐ ☐

14. Have diabetes?

☐ ☐

15. Have asthma?

☐ ☐

16. Had mononucleosis within the year?

☐ ☐

17. Have problems with diarrhea or constipation?

☐ ☐

18. Have problems with sleep walking?

☐ ☐

19. If female, have an abnormal menstruation?

☐ ☐

20. Have a history of bed-wetting?

☐ ☐

21. Ever had emotional difficulties for which professional help was sought?

☐ ☐

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 Sacony Overnight Summer Camp, which are beyond the control of the agents, the land owners and employees of Sacony 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-8AM Every Monday and must be picked up between 3pm-4:30pm Every Friday. We understand that payment must be made two 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 8:00 A.M. MONDAY MORNING. A "late pick up" fee of \$10.00 will be initiated if child is not picked up by 4:30 P.M. FRIDAY

Initial

Payment must be paid, in full, two 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.

Initial

You sign for a weekly spot, Monday-Friday, 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 Mondays and returned Friday.

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, or the property of the church, will be dismissed at the discretion of Director, with NO refund of fee (full or partial).

Initial

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

Parent Signature

Date

Director Signature

Date



**A SCHOOL OR
PASSPORT PICTURE
IS REQUIRED.
FAILURE TO ATTACH
A PICTURE WILL
RESULT IN A \$5.00
PICTURE FEE.**

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..

PARENT/GUARDIAN (Print Name)

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Saony Overnight Summer Camp General Camp Policies

Dress Code:

Saony 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 Saony 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.