**CAMP NE-O-TEZ 2017 APPLICATION FORM**

**CAMPER INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Current grade in 2016-2017 school year: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Camper’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church You Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If possible, I want to share a cabin with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Camp Ne-O-Tez? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does the child reside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A parent or guardian must be accessible by phone during the time the camper is at camp.

Please provide an alternate person who could contact you in case of emergency.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to receive occasional Ne-O-Tez News emails? \_\_\_\_\_ Yes \_\_\_\_\_\_ No

**SESSION SELECTION**

Select the desired week and enclose a check payable to Camp Ne-O-Tez (or pay online @ www.neotez.org).

Mail this form and payment to the Director of the camp week chosen (listed on page 2). Do not mail this application to Camp Ne-O-Tez in DeSoto, MO.

Separate applications must be submitted if attending more than one session.

Camper age groups are based on the camper’s grade during the 2016-2017 school year.

* PreCamp (K-2nd grade co-ed)
* High School (9th-12th grade co-ed)
* Middle School (6th-8th grade co-ed)
* All Ages (3rd-8th grade co-ed)
* Boys’ Session (3rd-5th grade boys)
* Girls’ Session (3rd-5th grade girls)
* All Teen (6th-12th grade co-ed)

*Remember to fill out the medical release form on the back of this form before mailing!*

**CAMP NE-O-TEZ MEDICAL AUTHORIZATION AND RELEASE FORM**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION**

\_\_\_\_ No known allergies Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an attached sheet, describe the allergic reaction, severity, frequency and last episode.

Camper’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exchange #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ This camper has NO chronic health concerns, except as checked below (select all that apply):

\_\_\_\_ ADD/ADHD

\_\_\_\_ Asthma (send relief medication with camper)

\_\_\_\_ Ear infections or tubes

\_\_\_\_ Poison ivy/oak allergy

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an attached sheet, provide information for each checked item. Bring any medication in the original container with the amount needed for the duration of the camp session.

**MEDICATION**

Medications below are used to manage illness or injury and will be dispensed by our First Aid worker, as needed.

Check all those that your camper should **NOT** be given.

\_\_\_ Acetaminophen (Tylenol)

\_\_\_ Benedryl

\_\_\_ Calamine lotion

\_\_\_ Chloraseptic Throat Spray

\_\_\_ Cough Syrup

\_\_\_ Ibuprofen (Motrin)

\_\_\_ Immodium AD

\_\_\_ Mylanta

\_\_\_ Triple Antibiotic Ointment

\_\_\_ Tums

**Emergency Authorization and Release:** By signing below, I, the parent or legal guardian of the camper (hereby referred to as “my camper”), certify that he/she has my approval to participate in all activities during a camp session. I also certify that the above information is accurate. By signing below I give my permission to camp personnel to administer medications listed above, unless checked, and medications that are supplied by myself for my camper. In the event I cannot be reached in an emergency, I hereby give permission for my camper to be transported to and receive medical treatment. I understand I assume financial responsibility for expenses incurred for said treatment. I release and hereby agree to hold harmless the camp, director and staff and any other agents from any and every claim arising, which may be asserted by me or any member of my family, by reason of participating in any activities associated with Camp Ne-O-Tez. Further, I release the owner of properties on which the camp is located. This form may be copied for use outside of Camp Ne-O-Tez. I agree that matters of public health and safety will be directed by Ne-O-Tez policy and the judgment of the Director of the week and/or the Camp Ne-O-Tez Board of Directors.

**Media Release:** Further, for valuable consideration received, by signing below I hereby irrevocably grant to Camp Ne-O-Tez, Inc. the worldwide, royalty-free, right to use my camper’s voice, likeness and image in any forms and media, in all manners for any lawful purposes, commercial or noncommercial.

**Parent/Legal Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_