

Camper Name _____
 Camp Attending _____ Camp Date _____
 Parent Email (print clearly) _____

Camp Dates	Camp Type	Ages	Cost before 5/1	Cost after 5/1
<input type="checkbox"/> 6/16-6/21/19	Paintball	11 years & up	\$345	\$370
<input type="checkbox"/> 6/23-6/25/19	1-2 Cabin Camp	1-2 grade	\$135	\$160
<input checked="" type="checkbox"/> 6/25-6/28/19	3-4 Cabin Camp	3-4 grade	\$160	\$185
<input type="checkbox"/> 7/7-7/12/19	Fishing Camp	6-12 grade	\$270	\$295
<input checked="" type="checkbox"/> 7/7-7/12/19	Mission Work Camp	7-12 grade	\$160	\$185
<input type="checkbox"/> 7/7-7/12/19	Horse Camp	4-12 grade	\$335	\$360
<input checked="" type="checkbox"/> 7/14-7/19/19	Camp on the Rock Jr	5-6 grade	\$265	\$290
<input type="checkbox"/> 7/21-7/26/19	Camp on the Rock	7-12 grade	\$265	\$290

Medicine--All medication will be turned in Dayton Oaks when camper is checked in and **must be in original prescribed container**. It will be dispensed as directed on the bottle unless you provide a doctor's note advising differently.

Camp Store Punch cards All money will be deposited into the camper's store account and purchases will be deducted from the balance. Punch cards can be purchased in amounts of \$5, \$10, \$20, or \$50.

What to bring to camp--sleeping bag or twin bedding, pillow, pajamas, soap, shampoo, towel, toothbrush & paste, clothes for expected weather, old clothes for hiking & messy games, flashlight, insect repellent, sun screen, tennis shoes, rain gear, swim suit & towel, spending money & your Bible. Also bring your best attitude, sense of adventure, respect for others & love of the outdoors. **Paintball**--bring long pants for woods ball. You may bring your own paintball gear. All paintball gear must be turned in at registration. **Fishing**--bring your pole & gear. Campers age 16 & older need to purchase an Iowa fishing license. **Horse**--bring long pants & closed toe shoes for riding.

What NOT to bring to camp--strappy tanks, skimpy clothing, speedos, bikinis, gum, cell phone, drugs, tobacco & weapons. Also please don't bring a poor attitude, disrespect of others, uncooperative spirit, or an Oscar the grouch syndrome.

I am returning my payment & form before May 1st. (free t-shirt) (circle shirt size needed YouthM YouthL S M L XL XXL) *Please be sure to mark the size needed. We can't guarantee correct size if none is indicated. You will be given the size you request...no exceptions.*
(After May 1st t-shirts are \$15 if you'd like to add to your camp.)

I request to bunk with _____
 (please only one request)

Camper Care Packages: Small-\$5.00 Medium-\$10.00 Large-\$20.00
 (see website for more info)

Bring a friend discount is back! If you bring a friend who has never been to Dayton Oaks before, you will get \$25 off your camp cost, and your friend gets \$25 off their camp cost.

Register your child for the grade they will be in this fall.

Early registration date is May 1st.

Check in at 4 pm the first day. No early check ins. Check out at 4 pm on the last day.

Please note youth may be bused off site for some daily activities.

Please note all pictures taken at camp may be used for advertising & promotional purposes.

CAMP EXTRAS--Paintball (age 11 & up) \$50
 *Parent/Guardian must sign the consent forms in order to participate in paintball or marksmanship. Forms are available on our website.

PHOTO CD only \$10.

FREE CAMP SHIRT--Receive free t-shirt when you send your registration before May 1st.

Camper cell phones & car keys will be collected at registration and returned at check out.

Cost before 5/1	\$ _____
Cost after 5/1 add \$25	\$ _____
Friend discount? subtract \$25	- _____
Photo CD (\$10)	+ _____
T-shirt (\$15) (after 5/1/19)	+ _____
Camper Care Pkg (\$5,\$10, or\$20)	+ _____
Add Paintball (\$50)	+ _____
Add Marksmanship (\$50)	+ _____
Church payment (enclosed)	\$ _____
Camper payment (enclosed)	\$ _____
Total enclosed (<i>Min \$50 deposit</i>)	\$ _____
Balance Due	\$ _____

Mail form & payment to:
 Dayton Oaks Camp
 3717 Taylor Ave
 Dayton, Iowa 50530
 515-547-2417

or REGISTER ONLINE AT
www.daytonoaks.org

Office Use Only: Rec'd _____	<input type="checkbox"/> EB disc	Bunk Assignment _____
Ck # _____ Source _____ Amt _____		Ck # _____ Source _____ Amt _____

DAYTON OAKS CAMP FORM

Camper Name _____ Date of Birth _____ () male () female

Street address _____ City _____ State _____ Zip _____

Phone _____ Grade in fall _____ Camp attending _____

Camp date _____ Parent Email address _____

Home Church & City _____

Mom/Guardian name _____ Dad/Guardian name _____

Address (if diff from above) _____ Address (if diff from above) _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Emergency Contact _____ Relationship to camper _____ Phone _____

Physician Name & Office location _____ Phone _____

Insurance Company _____ Policy # _____

Special needs, precautions, medical conditions, allergies, or medications (with directions) **Please also use this area to list any special diet needs or food allergies (Please note we must have this information to insure your child has the best camp experience)** _____

Tetanus ___/___/_____ If needed may over the counter meds be given? ()Yes ()No

Parents--check out our FAQ & Tips for campers & parents at www.daytonoaks.org.

****Special note--** Campers will not be able to accept phone calls. You may call the camp at 515-547-2417 to check on your child. If your child has a cell phone it must be left at home. Please note contacting your camper usually causes homesickness to worsen & makes for a poor camp experience for your child. You may send letters via the camp mailing address listed on the front of this form or email your camper at daytonoakscamp@gmail.com.** Emails will be delivered to campers, but will not be replied to due to volume of emails received.

LIMITED POWER OF ATTORNEY: CONSENT OF TREATMENT OF MINOR AND RELEASE OF LIABILITY

1. In case of medical emergency Dayton Oaks will make every attempt to contact a parent/guardian. If parent/guardian cannot be contacted I hereby give my permission to the physician selected by Dayton Oaks Camp to hospitalize and/or secure proper treatment for my child.
2. Additionally all physicians prescribed medications will be dispensed to the camper only if the prescription is contained in its original prescription bottle and only for the exact dosage prescribed on the bottle by the physician.
3. I approve this registration and agree to the terms stated herein. I also give my permission for the camper to participate in all activities as they pertain to his/her camp program.
4. I release Dayton Oaks and any of its authorized agents from any obligation or liability, actual or implied, concerning their use of the limited purpose power of attorney.
5. The undersigned certify that they have read (or had it read to them) the Power of Attorney and Release of Liability Form and that they understand the same.
6. I also understand that any photos or videos taken at camp may be used for advertising & promotional purposes.

Parent/Legal Guardian's Signature _____ Date _____