

Camp O-AT-KA

DENNEN WEEK

Camper Application

Date _____

Child's name _____ Nickname: _____

Parent's/Guardian's name (s) _____

Camper's address: _____

City _____ State _____ Zip _____

Primary Phone _____ Alt phone _____

E-Mail _____ Birthdate _____

Age as of August 1 st _____ Grade entering in Fall _____ T-shirt size _____

Have you been to Dennen Week before? _____ If yes, this is my _____ year at camp.

If parents are separated or divorced, who has custody? _____

Present School _____

Address _____ Phone _____

References for NEW CAMPERS ONLY:

All new campers must submit *two* letters of recommendation from either school administrators, counselors, and/or teachers, who will attest to the boy's good citizenship in his community. The reference should address: 1.) The boy's behavior and interactions with peers, 2.) His ability to cooperate with adults, 3. Leadership Potential. The references can be submitted via email at jplati@falmouthschools.org or by mail at the address listed below.

Camp O-AT-KA

Reference #1: Name _____

Phone _____ Email _____

Reference #2: Name _____

Phone _____ Email _____

The applications should be returned no later than May 1st, 2019

PHOTO RELEASE

I give permission and consent for my child to allow photographs and videos to be taken of him during camp session activities. I further give permission and consent that any such photographs or videos may be published and used by Camp-O-AT-KA to illustrate and promote the camp experience. Children will not be identified by names in photographs.

Signed (parent or guardian) _____

CERTIFICATION OF PARENT OR GUARDIAN

So that Camp O-AT-KA may provide each child maximum opportunity for personal development, I understand that in signing this application I certify that my child is healthy and free of problems that could be harmful to his happiness or that of other campers. I give Camp O-AT-KA permission to use photos of my son in Camp publications. I agree that in the event this application is accepted and a place reserved for him at Camp O-AT-KA, he will remain in the Camp until the end of the designated period, unless he is dismissed by the Camp authorities for misconduct or for cause considered sufficient by the Camp.

It is my sincere wish that my son enjoy the experience afforded boys at the Camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating, or archery, etc., may involve hazards for which the Camp cannot be held responsible. In the event of apparent serious illness, I wish my child sent to a reliable hospital and skilled medical aid called at once, for which charges I shall be responsible. I authorize the medical designates of the Camp to administer any urgent or emergency treatment considered necessary by the Camp physician or medical assistants. I desire that notification of such illness be sent to me by prompt means of communication.

Camp O-AT-KA reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise.

Camp O-AT-KA

Parent or Guardian's Signature _____

Printed Name _____

Applications will be considered complete on the date Camp has received all the items listed below.

- Application
- Two references (for new campers only)
- 25.00 fee

Please note: There is a limited amount of spots open for Dennen Week. Please adhere to deadlines – once the spots are full we will NOT take additional campers and you will be put on a wait list.

DEADLINES:

- **Returning campers:** Complete applications are due by May 1.
- **New campers:** We will begin accepting new camper registrations after May 1 and take on a first-come, first serve basis until capacity is reached.

All forms can be found at:

<http://www.campoatka.org/dennen-week>