



S'Camp Registration Form 2008

To register online go to
www.oldtrail.org

OR

Complete form and remit with payment to:
Old Trail School/S'Camp
P.O. Box 827
Bath OH 44210-0827

No phone registrations

Please feel free to copy this form if you need to register more S'Campers

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Bus. Phone (mother) _____ Bus. Phone (father) _____

Cell Phone (mother) _____ Cell Phone (father) _____

Home Phone _____ Email address _____

Register for Camp Sessions

Camper 1

Camper 2

Name: _____

Age: _____

Grade in Fall 2008: _____

School Attended: _____

S'Camp Class/Cost

S'Camp Class/Cost

Week 1: _____ A.M./All Day/P.M.

_____ A.M./All Day/P.M.

Week 2: _____ A.M./All Day/P.M.

_____ A.M./All Day/P.M.

Week 3: _____ A.M./All Day/P.M.

_____ A.M./All Day/P.M.

Week 4: _____ A.M./All Day/P.M.

_____ A.M./All Day/P.M.

Week 5: _____ A.M./All Day/P.M.

_____ A.M./All Day/P.M.

Week 6: _____ A.M./All Day/P.M.

_____ A.M./All Day/P.M.

Week 8 Basketball Shooting Stars all day

Transportation Option \$25 per week for unlimited use per camper. Week 4 = \$20. See page 2 for details.

Circle week(s) that your camper(s) needs transportation 1 2 3 4 5 6

Check location Hudson – Hudson Evangelical Church, 190 W. Streetsboro

Brecksville – Saint Basil the Great Catholic Church, 8700 Brecksville Rd.

Lunch Option \$20 per week per camper (week 4 = \$12)

Circle week(s) that your camper needs lunch 1 2 3 4 5 6

Camper 1 _____ weeks x \$20 week = _____

Circle week(s) that your camper needs lunch 1 2 3 4 5 6

Camper 2 _____ weeks x \$20 week = _____

Grand Total: \$ _____

Please make checks payable to Old Trail School. If you wish to pay by MasterCard or VISA, include the following information:

Card # _____ Card holder name _____ Expiration date _____

Extended daycare option is provided by Blue Streak Sports. Please see page 2 for more details.

To register for Blue Streak and the Great Britain-Buckeye Soccer Camps, contact the number listed in the camp descriptions.

Thank you. We are looking forward to seeing you at S'Camp this summer!

Authorization Form 2008



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Medical Authorization

In the event of a child's serious illness or accident while she/he is at camp or elsewhere under camp supervision, S'Camp's policy is first to notify the camper's parent/guardian, then his/her physician, as designated below, as soon as reasonably possible. However, if the camp staff is unable to locate such designees and considers immediate treatment necessary, then I, the undersigned parent/guardian, hereby authorize the camp to take such emergency measures as seem reasonably necessary under the circumstances, including treatment and/or surgery by an available physician and/or nearby hospital.

Camper 1	Camper 2
Name: _____	_____
Height/Weight: _____	_____
Last Tetanus: _____	_____
Immunizations: _____	_____
Conditions currently under treatment for: _____	_____
Name/Dosage of medicines: _____	_____
Allergies: _____	_____
Physician's name/phone: _____	
Dentist's name/phone: _____	
Medical carrier: _____	Policy Number: _____
Emergency contact name: _____	Phone: _____
Signature of Parent/Guardian: _____	Date: _____

Authorization to Pick Up a Camper

My child may be released to: _____

Signature of Parent/Guardian: _____ Date: _____

Photo Authorization

I hereby authorize and give full consent to Old Trail School to publish and copyright all photographs in which my child/children appears while enrolled as a camper. I further agree that Old Trail School may transfer, use or cause to be used, these photos in School brochures, website, newsletter, advertising, posters, displays, slide shows, videotapes, catalogues and like publications or literature without limitations or reservations. I hereby consent to the use of photographs subject to the terms mentioned above. I am the parent or guardian of the above-listed campers.

Signature of Parent/Guardian: _____ Date: _____

How did you hear about S'Camp? (please check all that apply)

- | | | | | | |
|----------------------------------|-----------------------------------|-------------------------------------|------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Library | <input type="checkbox"/> OTS Parent | <input type="checkbox"/> Friend | <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Postcard | <input type="checkbox"/> School | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Camp Fair | <input type="checkbox"/> Other? |

Please send this form with completed registration form on facing page to
Old Trail School/S'Camp, P.O. Box 827, Bath OH 44210-0827