

## Overlook Summer Camp

**CAMP REGISTRATION FORM** should be completed by the parent. Registrations will not be accepted without the required deposit. 50% of the deposit amount is refundable if we are contacted 7 days prior to the first day of the program for which you are registered. Refunds will NOT be issued for cancellations made after this time. Registrations are accepted on a first come-first served basis. A confirmation email will be sent with a health form & packing list.

Please mail registration and deposit to: **Camp Overlook, 3014 Camp Overlook Lane, Keezletown, VA 22832**

Register online: [www.CampOverlook.org](http://www.CampOverlook.org) Phone: (540) 269-2267 Email: [CampOverlook@gmail.com](mailto:CampOverlook@gmail.com)

Participants Name			Male	<input type="checkbox"/>	School Age Participants Only:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Female	<input type="checkbox"/>	Completed Grade <input type="text"/>	
Last	First	Preferred Name	Height	<input type="text"/>	Weight	<input type="text"/>
Birth Date	<input type="text"/>					
Address						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street		City		State	Zip	
Name of Parent/Guardian			Preferred Phone		<input type="text"/>	
Family Email			Emergency Phone		<input type="text"/>	
Church Participant Attends <input type="text"/>						
<input type="checkbox"/> Winchester District <input type="checkbox"/> Harrisonburg District <input type="checkbox"/> Staunton District <input type="checkbox"/> Other						
First Choice Event <input type="text"/>					Date	<input type="text"/>
Second Choice Event <input type="text"/>					Date	<input type="text"/>
Is this the participant's first time away from home for a week?				<input type="checkbox"/>	Has participant attended Overlook before?	
				<input type="checkbox"/>		
If participant wishes to be grouped with ONE friend of the SAME age and grade we will try to place them together.						
Friend's Name <input type="text"/>						
Important or helpful information (allergies, fears, restrictions, etc.)			T-Shirt Size	<input type="text"/>	Youth: 10-12, 14-16 Adult: S, M, L, XL	
<input type="text"/>						
<input type="text"/>						

### PARENT/GAURDIAN AUTHORIZATION

I hereby request that my child be accepted to attend Camp Overlook. I have read and understand the information in this brochure, and will read and abide by further outlined in the Health and Authorization Considerations form. I understand my child will be participating in many physical activities (including, but not limited to those listed in the program descriptions) and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks to provide a safe environment. I understand if my camper participated in the SEALs, Pioneers, or Adventure Quest programs they will be transported to the community or adventure sites and there are inherent rules on transportation. In consideration of acceptance to Camp Overlook, I indemnify and hold harmless Camp Overlook, the Overlook Board of Directors, and the United Methodist Church, and its staff and officers from any and all liability, claims, damage, injury or illness sustained by my child, and I verify the information on this Registration Form is correct and complete as far as I know. Should it become necessary for my child to return home because of illness or other reason, I will abide by the Camp's decision and arrange for transportation.

I agree to read all information included in confirmation materials sent to me after registration and to share this information with the camper, and to read, sign and return and all applicable forms and waivers (mostly applicable to Adventure and Trip programs), and I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration.

Signature

Date