

Oglebay Institute



*Inspiring the Imagination*

Dear Parent,

Welcome. Thank you for choosing Oglebay Institute Summer Day Camps!

Oglebay Institute requires the attached forms be completed and returned prior to the first day of camp. **No child will be admitted to camp without these forms.** The information is needed in order to effectively attend to your child's needs during an emergency, illness, or other circumstance. Please complete each section fully.

Additionally, we ask that you review the Oglebay Institute Summer Camp Handbook located on the Oglebay Institute website. This helpful guide introduces parents and students to summer camp policies and procedure and addresses frequently asked questions such as what to wear, pick up procedures, lunch policies, etc. Please familiarize yourself with this information, review it with your child and consult it throughout the camping season. If you do not have access to the Internet, you can request a hard copy of this information be mailed to you.

**Oglebay Institute Summer Day Camp Handbook**

**[www.oionline.com/camps](http://www.oionline.com/camps)**



## OGLEBAY INSTITUTE CAMPER INFORMATION FORM

Please return to: Oglebay Institute Summer Camps, 1330 National Rd. Wheeling, WV 26003

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_ Female

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email Address \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In which facility or facilities will your child be attending camp? (please check all that apply)

Schrader Center  School of Dance  Stifel Center  Towngate Theatre  Mansion Museum

### EMERGENCY INFORMATION

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2nd Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Child's Physician/Medical Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate emergency facility choice:  Wheeling Hospital  Ohio Valley Medical Center

### CHILD HEALTH INFORMATION

Allergies (including medication): \_\_\_\_\_

Special Disabilities (if any): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Other Needs (medical conditions, medications, etc.): \_\_\_\_\_

### PHOTOGRAPH AND PUBLICITY RELEASE

I give my consent to Oglebay Institute to use my child's name, likeness, image, voice, and/or appearance to promote its, its fiscal agent, and/or their activities in uses which may include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium not known or later developed. I agree that Oglebay Institute has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Oglebay Institute's missions.

\_\_\_\_\_ *initial*

By completing and signing this form, I hereby give my consent to Oglebay Institute for the following: Obtain emergency medical care for my child, administer minor first aid procedures, lead my child on walks, trips, swimming & games, transportation provided by Oglebay Institute. I hereby release and hold harmless, Oglebay Institute, its employees and its agents from any and all liability for any and all harm arising as a result of camp participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PICK UP AND RELEASE AUTHORIZATION**

I hereby authorize the following person(s) to pickup my child(ren) from Oglebay Institute's Summer Day Camps. If there are any changes in these arrangements, I will give **advance written notice**.

Note: If there are any special instructions, or any person(s) who are NEVER authorized to pickup your child, please indicate this information below.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**ALLOWED**

| Name | Phone | Driver's License<br>State and Number | Relationship to<br>Child |
|------|-------|--------------------------------------|--------------------------|
|      |       |                                      |                          |
|      |       |                                      |                          |
|      |       |                                      |                          |
|      |       |                                      |                          |

**NEVER ALLOWED**

| Name |
|------|
|      |
|      |
|      |
|      |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_