



Camp Application

Personal Information

Name:		Date of Birth:	Social Security Number: XXX-XX-_____	Age:
Height:	Weight:	Birthplace:		Hair Color:
Eye Color:				
Address:				
Home Phone:			Cell Phone:	
Shirt Size: S M L XL		Waist Size:	Shoe Size:	Hat Size:

Parent(s)/Legal Guardian Information

In a case of joint custody, both parents must sign all forms. Legal Guardians must provide court documents for confirmation.

Father's/Legal Guardian's Name:		Current Occupation:		
Home Phone Number:		Work Number:	Cell Number:	
Home Address Street:				
City:	State:	Zip:	E-Mail:	
Authorized to pick up camper? ___ Yes ___ No		Is this an Emergency contact? ___ Yes ___ No		
Mother's Name:		Current Occupation:		
Home Phone Number:		Work Number:	Cell Number:	
Home Address Street:				
City:	State:	Zip:	E-Mail:	
Authorized to pick up camper? ___ Yes ___ No		Is this an Emergency contact? ___ Yes ___ No		

Camper Information

Why is your child interested in attending this camp?
Physical Fitness activities are a major component of this camp (running, jumping, lifting weights, etc.). Is your child ambulatory, able to perform these activities and mentally capable of following instructions? ___ Yes ___ No
If there are any limitations, please explain:

Has your child participated in a sport(s) and, if so, at what level (elementary school, junior high, high school)?
Participation in sports is not a requirement for this camp. This is for our information, only.

History of Substance Use/Abuse (if applicable)

Has your child used or abused alcohol or drugs? ___ No ___ Yes If yes, please complete the following:

	Yes	No	Frequency of use	Age first used
Alcohol				
Hallucinogens				
Stimulants (Cocaine, Crack, Methamphetamine—crystal meth)				
Opiates (OxyContin, Heroin, Methadone)				
Inhalants (Glue, Gasoline, Paint, etc.)				
Tobacco				
Other				

Please describe your child's history of substance use/abuse if any.

Please provide any additional information you would like us to know about your child.

Demographic Information

This information is **optional**, however, it will help us when applying for grants that require demographic data.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races

Disclaimer and Signature

I certify that my responses are complete and true to the best of my ability.

Parent's/Legal Guardian's Signature

Date

Second Parent's Signature (Joint Custody cases, only.)

Date

Camper's Agreement

If I am accepted, I promise to conform to the rules and regulations of Op C.O.Y. I understand that drinking, smoking, the possession of alcohol or tobacco, and stealing result in immediate dismissal from camp.

Camper's Signature

Date

To Apply:

Submit an application by **June 15, 2016**. Admission will be determined by a completed application and personal interview. An incomplete application can be the cause for elimination.

Mail to: Op C.O.Y., P.O. Box 930, Atascadero, CA 94323; **or**

Email to: <http://www.opcoy.org>