

**Registration Form****Myti Oaks Day Camp**

245 N Powell Ave Columbus OH 43204

614/272-6424

*For Counselor/Staff Use**Print Child's LAST Name**Please print clearly*

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Church Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**VOLLEYBALL** Camp July 14-18 9am-12noon (1 wk \$30 per camper)  
**SPORTS&GAMES** Camp July 21-25 9am-1:30pm (1 wk \$30 per camper)  
**MUSICAL** Camp July 28-Aug 8 9am-1:30pm (2 wks \$50 per camper)

Child's Name	Grade completed	Age	Allergies/Special Concerns	Cost	Camp Dates

**MEDICAL RELEASE/CONSENT****(Child's name)** \_\_\_\_\_*List each child*

has my permission to participate in the activities of MYTI OAKS DAY CAMP. I will not hold the Christian Conference Center, MYTI OAKS DAY CAMP, or it's staff responsible in the event of accident or injury. I also give consent for immediate medical attention to be rendered by the nearest emergency facility. I understand that all efforts will be made to contact me.

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_