

## **OWL Camp: Camper Application (Ages 8-13)**

FOR STUDENTS WHO WILL BE AGES 8-13 BY JUNE 1, of the upcoming camp year.  
Space is limited, all spots will be filled on a first come, first served basis.

### **IMPORTANT! PLEASE REVIEW THE FOLLOWING:**

- **NewView reserves the right to cancel OWL Camp for any reason, at any time. Please watch website and social media for updates.**
- **TRANSPORTATION NOT PROVIDED**  
Unfortunately, NewView Oklahoma will be unable to provide transportation. Parents/guardians are responsible for getting their camper to and from OWL camp. If your family has special circumstances, please let us know.
- **ADMINISTRATIVE DEPOSIT**  
Owl Camp is generously sponsored by community foundations, corporate community partners, and other supporters of NewView Oklahoma. However, due to increasing participation, last minute cancellations and no-call/no-shows, there is a \$100 administrative, nonrefundable deposit due upon submission of this application. No applicant will be denied acceptance for inability to pay. Payment arrangements may be made with the Program Director and a limited number of scholarships are available.
- **REQUEST FOR SCHOLARSHIP**  
To receive a scholarship waiver, applicants must write a short narrative (1-2 paragraphs) requesting their need for assistance and submit it with their completed application.

We understand situations may arise that prevent your child from attending camp after being accepted; in such cases, you will need to notify the Program Director as soon as possible in order to remain in good standing and eligible to apply the following year. With limited space and spots for campers filled on a first come, first served basis, it is important to let us know if your child will not be attending, so that we may be considerate of those on the waiting list.

**Applicants who are unable to attend mandatory meetings, training, or the entire duration of camp will not be accepted.**

## **REQUIRED DOCUMENTS**

**The following documents MUST be submitted. Late or incomplete documents/forms may result in not being able to participate.**

- **COPY OF INSURANCE CARD:** Please send a copy of your current insurance card.
- **DOCTOR'S LIST OF MEDS:** Please send a current physician's or doctor's list of all medications with specific instructions and times.
- **PHOTO RELEASE:** Please review and sign photo release.
- **PERMISSION AND MEDICAL WAIVER:** Please review and sign the permission and medical waiver.

**Thank you for completing the application for OWL Camp (Ages 8-13). Important information and updates will be sent through the contact information you have provided in this application. If you have any questions, please let us know.**

**CAMPER INFORMATION**

First Name:  Last Name:

Gender:  Male  Female  Other

Select T-shirt size below:

Youth  Small  Large  
 Adult  Medium  Extra Large

Age:

Date of Birth:

What grade will the camper be in Fall 2023?

3<sup>rd</sup>  5<sup>th</sup>  7<sup>th</sup>  
 4<sup>th</sup>  6<sup>th</sup>  8<sup>th</sup>

Name of School:

How did your family learn about OWL Camp?

Would your family be willing to help another camper with transportation in a carpool?  Yes  No

**LET'S GET TO KNOW YOU!**

Please have your camper answer the following questions. This will be used to help us make this an awesome camp experience.

1) Will this be the first time you've been away from home for an extended period of time?

Yes  No

2) Have you ever been to OWL camp before?  Yes  No

3) What did you enjoy?

4) What are your two favorite subjects in school and why?

5) Are there any other things you would like us to know about you?

**PARENT OR GUARDIAN INFORMATION**

1) Full Name:

Street

Address:

Mailing Address (If different than Street Address):

Cell Phone:

Home Phone:

Work Phone:

Email if information needs to be sent:

2) Full Name:

Street

Address:

Mailing Address (If different than Street Address):

Cell Phone:

Home Phone:

Work Phone:

Email if information needs to be sent:

## EMERGENCY CONTACTS

1) Full Name:

Relationship:

Cell Phone:

Other

Phone:

Email:

2) Full Name:

Relationship:

Cell Phone:

Other

Phone:

Email:

### HEALTH AND MEDICAL INFORMATION

The following information **MUST** be complete.

Physician's Name:

Physician's Phone:

Allergies?  Yes  No

If yes, please list ALL allergies and/or dietary restrictions:

Medical/Health Issues?  Yes  No

If yes, please describe the medical/health issues:

Behavioral Issues?  Yes  No

If yes, please describe the behavioral issues:

Additional Disabilities?  Yes  No

If yes, please describe the additional disabilities:

Date of last Tetanus shot:

**HEALTH AND MEDICAL INFORMATION CON'T.**

Disease/Cause of Blindness:

Visual Acuity:

Is child able to walk independently?

 Yes No

If not, please describe assistance needed, for example, wheelchair, walker, physical assistance, etc.:

Does the child use a cane?

 Yes No

Does the child require one of the following?

 Large Print Braille Audio

Does the child get homesick?

 Yes No

Does the child wet the bed?

 Yes No

Does the child take any over-the-counter medications?

 Yes No

If yes, please list ALL over-the-counter meds with administration instructions and times: