

# Registration for Camp Onomia Summer Youth Programs

**We strongly recommend that you use our online registration system if possible!**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

Your registration confirmation will be sent to your email address.

Age \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parental Release: I hereby acknowledge that I am the parent/guardian of the above person and give permission for the above named to attend the program listed. I understand that Camp Onomia only provides secondary insured accident coverage, and that family insurance assumes primary coverage. I give camp staff permission to seek professional medical assistance for my child in case of emergency. I give permission for Camp Onomia to use images of my child in camp printed and electronic promotional materials. I understand that I will be asked to pick up my child if behavior is disruptive to camp community and that I will be held liable for damages resulting from inappropriate behavior.

Parent Signature: \_\_\_\_\_

Online submission of this form legally binds you to this statement.

Parent name printed: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special needs/ food allergies: \_\_\_\_\_

Program Requested: \_\_\_\_\_

Congregation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Room Mate Requested: Name \_\_\_\_\_ City \_\_\_\_\_

Full Program Fee enclosed: \_\_\_\_\_ (discounts end March 15<sup>th</sup>.)

The camp fees are subsidized by member congregation membership fees and donations from individuals by approximately 25%. Donations over and above the posted camp fee are tax deductible.

We invite you to donate \$50 to assist the ministries of Camp Onomia.

## Payment

Payment of fee listed above or minimum deposit: \_\_\_\_\_

Donation as you are able: \_\_\_\_\_ (Thank You!)

Amount to be charged to your Credit Card: \_\_\_\_\_ Card Type: MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Name On Card \_\_\_\_\_ Code \_\_\_\_\_

Address and Zip if different from above \_\_\_\_\_ Zip \_\_\_\_\_

( ) I wish to pay by check which is enclosed.

## Mailing Address and Phone

Please mail this completed form along with your payment/deposit to:

Camp Onomia Registration

14202 Shakopee Lake Road

Onamia, MN 56359

questions? 320-532-3767 (office)

**Registration deposits are not refundable except in case of illness or funeral.**



Thank you for attending Camp Onomia!