

# OHCYP OPEN CAMP WEEK

July 12-14, 2019

AGES: 7-17

Camper's Name: \_\_\_\_\_  
Age \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Grade in school \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother's name and phone \_\_\_\_\_ # \_\_\_\_\_  
Father's name and phone \_\_\_\_\_ # \_\_\_\_\_  
Legal guardian name and phone \_\_\_\_\_ # \_\_\_\_\_  
Emergency Name and Number: \_\_\_\_\_ # \_\_\_\_\_

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In signing this application, I certify that my son/daughter is amenable to discipline and is free from habits that would make him/her an undesirable at OHCYP Weekend Camp and Camp Mohaven Equine. I agree to abide by the terms of payment outlined in this application. I agree in the event of cancellation or withdrawal because of homesickness, misconduct, or any other cause that the fee is nonrefundable.

I hereby give permission for my son/daughter to participate in the entire program, and permission for Camp Mohaven and Ohio Horseman's Inc staff to act in my behalf in case of sickness or emergency.  
I understand that photographs of my child from the camp season are available for publication and that my positive statements about Camp Mohaven Equine may be used as testimonials in materials publicizing the camp program.  
This application has my approval and consent:

- Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_
- Camper: \_\_\_\_\_ Date: \_\_\_\_\_

**Application and \$80.00 due by JUNE 28, 2018**

Make check payable to: Ohio Horseman's Council  
Send to:  
OCHYP  
C/O Jackie Romaker  
9101 McCutchenville Rd.  
Wayne, OH 43466

**Sign in begins Friday August 12<sup>th</sup> at 4:00pm-6PM**  
**Pick up Sunday 12pm-2PM**

Please enclose email (if you have one) \_\_\_\_\_ conformation will be e-mailed to you. Directions to camp and will be sent with conformation. If you have any question please call or e-mail and I'll be happy to answer all your questions.

**Jackie Romaker 419-575-3623 [youth@ohconline.com](mailto:youth@ohconline.com)**

**Please list any allergies or medical special diets on back. Please put all medication in a marked zip lock bag.**