



Oglebay Institute
Inspiring the Imagination

OGLEBAY INSTITUTE CAMPER INFORMATION FORM

Please return to: Oglebay Institute Enrichment Camps, 1330 National Rd. Wheeling, WV 26003

Email: stifelcustomerservice@oionline.com Fax: 304-242-7747

Child's Name: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Child's Age: _____ Male Female Grade Entering in Fall: _____

My Child will be attending the following week(s) of camp:

September 14 - 18

September 21-25

September 28 - October 2

October 5-9

CANCELLATIONS & REFUNDS

No refunds will be granted for cancelations or no-shows for Oglebay Institute Enrichment Day camps. Refunds will only be granted in the event OI cancels a day camp due to changes in COVID-19 guidelines.

I have read and agreed to the terms above.

Signature: _____ Date: _____



Oglebay Institute
Inspiring the Imagination

EMERGENCY INFORMATION

Emergency Contact Name: _____ **Phone:** _____

Address: _____ **Relationship to Child:** _____

2nd Emergency Contact Name: _____ **Phone:** _____

Address: _____ **Relationship to Child:** _____

Medical Insurance Provider: _____ **Policy/Group #:** _____

Child's Physician/Medical Care Provider: _____ **Phone:** _____

Please indicate emergency facility choice: Wheeling Hospital Other: _____

CHILD HEALTH INFORMATION

Allergies (including allergies to medication): _____

Special Disabilities (if any): _____

Dietary Restrictions: _____

Activity Restrictions: _____

Other Needs (medical conditions, medications, etc.): _____

By completing and signing this form, I hereby give my consent to Oglebay Institute for the following: Obtain emergency medical care for my child and administer minor first aid procedures. I hereby release and hold harmless Oglebay Institute, its employees and its agents from any and all liability for any and all harm arising as a result of participation.

Parent/Guardian Signature: _____

Date: _____



Oglebay Institute
Inspiring the Imagination

PICK UP AND RELEASE AUTHORIZATION

I hereby authorize the following person(s) to pickup my child(ren) from Oglebay Institute’s Summer Day Camps. If there are any changes in these arrangements, I will give **advance written notice**.

Note: If there are any special instructions, or any person(s) who are NEVER authorized to pickup your child, please indicate this information below.

Child’s Name: _____

Parent/Guardian Name: _____

ALLOWED

Name	Phone	Driver’s License State and Number	Relationship to Child

NEVER ALLOWED

Name(s)

Parent/Guardian Signature: _____ Date: _____



CODE OF CONDUCT

Student Code of Conduct

Students learn better in a secure, orderly, and non-disruptive environment. The goal of Oglebay Institute is to help students and teachers create an environment that is conducive to teaching and learning.

At Oglebay Institute, clear and reasonable rules are fairly and consistently implemented. Inappropriate or disruptive behavior by the student will not be tolerated and may result in removal of the student from the class or camp. Chronic offenders may be expelled from attending future classes or camps. No refund will be extended to expelled participants.

A safe and positive learning environment for students and adults is essential to our success and we appreciate your commitment to these principles.

Four General School Rules:

1. Listen politely and follow directions.
2. Keep hands, feet and objects to yourself.
3. Be courteous and polite. Respect the rights of others and respect the property of the organization.
4. Use appropriate language.

Expectations for Student Behavior:

1. Students will arrive to class on time.
2. Students will listen carefully and respectfully to their instructors and administrators.
3. Students under the age of 18 will ask for assistance from the adults in charge should they have trouble with another student.
4. Social distancing and handwashing guidelines will be followed.

By signing below, the student and his or her parent/guardian indicate their understanding and agreement to abide by this Code of Conduct.

Student

Date: _____

Parent/Guardian

Date: _____



Oglebay Institute
Inspiring the Imagination

PHOTOGRAPH AND PUBLICITY RELEASE

I give my consent to Oglebay Institute to use my child's name, likeness, image, voice, and/or appearance to promote its, its fiscal agent, and/or their activities in uses which may include, but are not limited to illustrations, bulletins, exhibitions, videos, reprints, reproductions, advertisements in any medium not known or later developed. I agree that Oglebay Institute has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Oglebay Institute's mission.

Parent/Guardian Signature: _____ Date: _____