



**ONU US-Japan SUMMER CAMP
REGISTRATION FORM**

Please complete and return this application, enclosing the required (non-refundable) \$500.00 deposit to: Ohio Northern University, Department of History, Politics, and Justice, 525 S Main Street, Ada, Ohio 45810. Make checks payable to: Ohio Northern University, US--Japan Camp. In the event Ohio Northern University is unable to accommodate the deposit will be returned.

Name of Camper _____ Age _____

Birthdate _____ Address _____

City _____ State _____ Zip _____

School _____ Grade Sept. 2009 _____

Residence phone _____ Emergency phone _____

Enclosed is a check or money order for the amount selected, payable to Ohio Northern University, US-Japan Camp

Charge the fee(s) \$500.00 deposit

\$1495.00 total camp payment

Discover MasterCard VISA American Express

Card Holder's Name:	Charge No.:
Signature:	Exp. Date (mm/yr):

Medical Waiver and Information for ONU US-Japan Summer Cultural Camp

This form must be notarized.

I hereby authorize and consent to medical treatment for my son or daughter _____
in case of injury or illness while attending the Ohio Northern University US-Japan Summer Camp.

Signature: of Parent: _____

Primary Insurance Company Name: _____

Group or Plan Number: _____ Plan Number: _____

Secondary Insurance Company Name: _____

Group or Plan Number: _____ Plan Number: _____

Name of Insured: _____

Please list all allergies of your son/daughter:

Medications: _____

All Other Allergies: _____

Please list any current medications your son or daughter are taking and the dosage:

Please list any special dietary needs or preferences or special religious preferences regarding medical treatment.

STATE _____ County of _____ SS# of Insuring parent

_____ Before me, a notary public in and for said state and county,
personally appeared the above named _____ That he/she did sign the foregoing

instrument and the same is his/her free act and deed. In TESTIMONY WHEREOF, I have hereunto set
my hand and official seat at CITY

_____ STATE _____ this _____ day of _____, 2009.

(Notary public) _____