

# 2026 Dayton Oaks Summer Camp Registration Form

Be sure to circle the campfire next to the camp you are registering for. Register your child for the grade they will be in Fall of 2026.

	Date	Camp	Ages	Cost before 5/1	Cost after 5/1
	6/21-6/26/26	Paintball Camp	11 years & up	\$435	\$460
	6/28-6/30/26	1-4 Cabin Camp	Grade 1-4	\$160	\$185
	7/05-7/10/26	Fishing Camp	Grade 4-12	\$365	\$390
	7/05-7/10/26	Horse Camp #1	Grade 4-12	\$435	\$460
	7/05-7/10/26	Mission Work Camp	Grade 7-12	\$260	\$285
	7/12-7/17/26	Middleschool Camp	Grade 5-8	\$365	\$390
	7/12-7/17/26	Horse Camp #2	Grade 4-12	\$435	\$460
	7/19-7/24/26	Camp on the Rock	Grade 7-12	\$365	\$390
	7/19-7/24/26	Horse Camp #3	Grade 7-12	\$435	\$460

**Bring a friend discount**—if you bring a friend who is new to Dayton Oaks Camp, you & your friend will each get \$25 off the cost of your camp.

**Early registration** deadline is May 1<sup>st</sup>. Free camp t-shirt when you register by May 1<sup>st</sup>.

**Camp Care Packages**- Small \$5- Medium \$10- Large \$20

**Camp Extras**-Age 11 & up add Paintball to any week long camp-(except for Paintball) for an additional \$50


**Horse Camps** – are limited to a maximum of 10 campers per camp.

**Camp Store punch cards** – All \$ will be deposited into the camper store account and purchases will be deducted from the balance. Punch cards can be purchased in any amount.

**All medication** will be turned in when the camper is checked in & it must be in the original prescribed container. It will be dispensed as directed on the bottle unless you provide a doctor's note advising differently.

**What to bring to camp:** sleeping bag or twin bedding, pillow, pajamas, soap, shampoo, towel, toothbrush & paste, clothes for expected weather, old clothes for hiking & messy games, flashlight, insect repellent, sunscreen, tennis shoes, rain gear, modest swimsuit & towel, money for camp store & your Bible. **Also bring your best attitude, sense of adventure, respect for others & love of the outdoors. PAINTBALL**—bring long pants for woods ball. You may bring your own paintball gear. All gear must be turned in at check-in. **FISHING**—bring your pole & gear. Campers age 16 & older need to purchase an Iowa fishing license before coming to camp. **HORSE**—bring long pants & closed toe shoes for riding. Boots are best, but tennis shoes will do.

**What not to bring:** skimpy clothing, speedos, bikinis, gum, cell phone, drugs, tobacco & weapons. **We also ask that you not bring a poor attitude, disrespect of others, uncooperative spirit, or an Oscar the grouch syndrome.**

 I am returning my payment & form before May 1<sup>st</sup>. Please circle what size you will need for your free camp shirt: **YouthM YouthL AdultS AdultM AdultL AdultXL AdultXXL** We will order the size you request, please make sure you mark the correct size for your camper. (After May 1<sup>st</sup> camp shirts are \$20 each.)

 I request to bunk with \_\_\_\_\_. Only one request allowed.


Cost of camp before 5/1	\$ _____
Add \$25 after 5/1	+\$ _____
Friend discount (\$25)	-\$ _____
Camp shirt after 5/1 (\$20)	+\$ _____
Add Paintball (\$50)	+\$ _____
Church payment (enclosed)	\$ _____
Camper payment (enclosed)	\$ _____
Total enclosed	\$ _____
Balance due	\$ _____

Mail form & full payment or minimum deposit of \$50 to:



**Dayton Oaks Camp**  
**3717 Taylor Avenue**  
**Dayton, IA 50530**

or register online at [www.daytonoaks.org](http://www.daytonoaks.org)

**Questions? - call 515-547-2417**



Office use only: Rec'd \_\_\_\_\_  EB disc Ck# \_\_\_\_\_ Source \_\_\_\_\_ Amt \_\_\_\_\_ Ck# \_\_\_\_\_  
 Source \_\_\_\_\_ Amt \_\_\_\_\_ Bunk assignment \_\_\_\_\_

Dayton Oaks Camp Health Form—Please print clearly

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_  male  female  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home phone \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Parent email \_\_\_\_\_  
Camp attending \_\_\_\_\_ Camp dates \_\_\_\_\_ Church & city \_\_\_\_\_  
Mom/Guardian Name \_\_\_\_\_ Dad/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Emergency Contact Name & Phone # \_\_\_\_\_  
Physician Name & Office location: \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Company & policy number \_\_\_\_\_

Special needs, precautions, medical conditions, allergies, or medications (with directions). **Please also use this area to list any special diet needs of food allergies (Please note we must have this information to ensure your child has the best camp experience)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an aide at school?  yes  no If yes, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If needed may over the counter meds be given?  yes  no

**Please note that all food allergies must be listed on the registration form. Any diet choices that are not an allergy or doctor prescribed must be talked over with our Program Director before registering your child for camp. Our staff will do their very best to accommodate all food preferences.**

**Parents—check out our FAQ & Tips for campers & parents at [www.daytonoaks.org](http://www.daytonoaks.org)\***

**\*Special notes**—Campers will not be able to accept phone calls. You may call the camp at 515-547-2417 to check on your child. If your child has a cell phone it must be left at home. Please note contacting your camper usually causes homesickness to worsen & makes for a poor camp experience for your child. You may send letters via the camp mailing address listed on page one of this form or email your camper at [daytonoakscamp@gmail.com](mailto:daytonoakscamp@gmail.com). **\*\*Please note youth may be bused off site for some daily activities.**

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**LIMITED POWER OF ATTORNEY: CONSENT OF TREATMENT OF MINOR AND RELEASE OF LIABILITY**

1. In case of medical emergency Dayton Oaks will make every attempt to contact a parent/guardian. If a parent/guardian cannot be contacted, I hereby give my permission to the physician selected by Dayton Oaks Camp to hospitalize and/or secure proper treatment for my child.
2. Additionally all physicians prescribed medications will be dispensed to the camper only if the prescription is contained in its original prescription bottle and only for the exact dosage prescribed on the bottle by the physician.
3. I approve this registration and agree to the terms stated herein. I also give my permission for the camper to participate in all activities as they pertain to his/her camp program.
4. I release Dayton Oaks and any of its authorized agents from any obligation or liability, actual or implied, concerning their use of the limited purpose power of attorney.
5. The undersigned certify that they have read (or had it read to them) the Power of Attorney and Release of Liability Form and that they understand the same.
6. I also understand that any photos or videos taken at camp may be used for social media, advertising or promotional purposes.

Parent/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_