



CAMPS & RETREATS

United Methodist Church

We're happy that you are coming to camp!

This packet contains basic information about camps Otterbein, Wesley, and Widewater.

A completed **HEALTH FORM** is essential for your camper to attend. It is very important that every line is completed (use N/A if something does not apply). Also, to help us prepare for your camper's needs at camp, **MAIL** the health form and any specific waivers to the camp at least **TWO WEEKS PRIOR** to the week your camper is attending. When you arrive our staff will review the forms with you and note any changes that may have occurred since they were received.

It is very important that we have information about your family medical/hospitalization insurance. If medical expenses are incurred at camp because of an accident, camp insurance cares for expenses that are not covered by your personal insurance.

If you bring any medicine with you to camp (prescription or non-prescription), it must be in the **original container** and have your name and dosage on it. We cannot accept medication unless it is in the original container.

CANCELLATIONS AND REFUND If it is necessary for you to cancel, phone the Worthington office (office hours are Monday-Friday, 8:30-4:30). If the cancellation has to be made on a Saturday or Sunday, call the camp directly. If possible, we would like to reschedule you into another week of camp. If notice of cancellation is received more than a month before the first day of camp, any payment in excess of \$50.00 will be refunded. If less than one month's notice is given, no refund will be issued.

QUESTIONS about program, registration or financial arrangements may be directed to the Worthington office at 614-781-2630 or 800-437-0028. Please call us if we can be of further assistance. You may also e-mail the office at camps@wocumc.org.

Health Form



CAMPS & RETREATS
United Methodist Church

****Mail/fax this form to the camp you are attending at least 2 weeks prior to the event.****

- **Camp Otterbein**, 15483 St Rt 328, Logan, OH 43138/740.385.5712
- **Camp Wesley**, 653 TR 37 E, Bellefontaine, OH 43311/937.592.1547
- **Widewater**, 4050 US 24, Liberty Center, OH 43532/419.533.6000

Name _____ Event Name & Date: _____

Grade Entering in Fall _____ Age at camp _____ Birth date _____ Cabin/Group _____
Last First Middle
(Camp use only)

Home Address _____
Street City State Zip

Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home Address _____
(If different from above) Street City State Zip

Cellular Phone _____ Business Phone _____

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street City State Zip

Cellular Phone _____ Business Phone _____

If not available in an emergency, notify:

Name _____ Relationship _____

Address _____ Phone _____
Street City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

◆◆◆Photocopy of front and back of health insurance card must be attached to this form.◆◆◆

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Name of Medical Specialist _____ Phone _____

IMPORTANT—THIS BOX MUST BE COMPLETE FOR ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. *(Note: Parents will be contacted if the camper has an illness or accident that is of concern to the Health Officer and Director. Parents will be contacted/consulted in the event that a trip to Urgent Care, Emergency Room, or other off site medical attention is necessary. In the event that the parents cannot be reached, the Health Officer or Director will try to reach an Emergency Contact Person listed above). I also give permission to the medical personnel to administer over the counter medications (as listed on page 3) as deemed appropriate according to the camper's complaints or condition. The dosage or applications will be directed on the labels of each medication, and may be the generic equivalent. The completed forms may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staff _____ Date _____

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide appropriate care. Please keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon arrival at camp. Provide complete information so that the camp can be aware of your needs. **All questions and blanks MUST be filled in or answered with at least "Yes", "No" or "N/A".**

Allergies (List all known)

Describe reaction and management of the reaction.

Medication Allergies (list)

_____	_____
_____	_____
_____	_____

Food Allergies (list)

_____	_____
_____	_____
_____	_____

Other Allergies (list, including insect stings, hay fever, asthma, ivy poisoning, animal dander, etc.)

_____	_____
_____	_____
_____	_____

MEDICATIONS BEING TAKEN Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. All medications, including over-the-counter/nonprescription, must be turned in to the Health Officer at registration.**

- This person takes NO medications on a routine basis.
- This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Attach additional pages if needed.

Identify any medications taken during the school year that the participant does/may not take during the summer:

RESTRICTIONS

Please list any dietary restrictions that apply to this individual (e.g. vegetarian, lactose intolerance, etc.)

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Explain any activities that need to be encouraged

Which of the following has the camper had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Rheumatic Fever
- TB Mantoux Test

Date of last test _____

Result: Positive Negative

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____
Other (specify) _____		_____	_____	_____	_____	_____	_____

General Questions (Explain “yes” answers below.)

Has/Does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g. itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis (mono) in the past 12 mos?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eyewear?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, has she menstruated?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	a) If no, has she been told about it with instructions?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	b) If yes, does she have an abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bedwetting?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	29. Ever had problems with homesickness?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>	30. Can the camper swim?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>			
17. Ever had problems with joints (e.g. knees, ankles)?.....	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any “yes” answers, including dates where applicable, noting the number of the questions.

Use this space to provide any additional information about the camper’s behavior and physical, emotional, or mental health about which the camp should be aware.

Over The Counter Medications (if you do not want your child treated with any of the following while at camp, cross it off and initial)

Camper Complaint

- Minor aches & pains, headaches, toothaches or elevated temperature
- Itching, rash, poison ivy, insect bites or sunburn
- Mild diarrhea (w/o other symptoms)
- Upset stomach
- Minor cuts, scratches, abrasions
- Mosquito, insect bites
- Itchy, watery eyes, sneezing, runny nose
- Stuffy nose
- Sore throat
- Sun exposure

Medicine Administered (May be generic equivalent)

- Motrin or Tylenol
- Benadryl, Calamine, Aveno, 1% Hydrocortisone Cream, Technu, Aloe Immodium
- Tums, Pepto Bismal
- Triple antibiotic (Neosporin), Sterile Wipes
- Insect repellent, Skeeter Stik, After Bite
- Benadryl tablet
- Sudafed
- Throat lozenges
- Sunscreen

CONSENT TO USE VOICE AND IMAGE

We respect and want to protect the privacy of our campers and staff. We, therefore, thought you would like to know that at some point during your attendance at a United Methodist camp, we might ask to photograph, videotape, film and/or interview you. We might do this because we believe that our campers and staff offer two great reasons to attend a United Methodist Camp, and we would like to be able to show you off by publishing in good taste some of the photographs, video, film and/or interviews for promotional purposes. To this end, the purpose of this document is to ask your permission in advance to capture your voice and image and possibly publish them in a United Methodist medium. Accordingly, if you are willing to give us such permission, please read carefully and then execute this Consent to Use Voice and Image. If you are a camper or staff member age 18 or older, please sign the line over the designation "Signature of Adult Camper or Staff Member." If you are a camper or staff member under age 18, one of your parents or your legal guardian must give us permission on your behalf by signing the line over the designation "Signature of Parent or Guardian of Minor Camper or Staff Member."

By signing below I acknowledge and agree to the following:

1. I give my permission to the West Ohio Conference of the United Methodist Church and the United Methodist Camps, including the owners, trustees, officers, employees, agents and volunteers of these entities, to photograph, videotape, film and/or interview me during my attendance at a United Methodist Camp for the purpose of promoting or reporting on the United Methodist Camps.
2. I, at any time, may decline to be photographed, videotaped, filmed and/or interviewed.
3. I give my permission to the West Ohio Conference of the United Methodist Church and the United Methodist Camps, including the owners, trustees, officers, employees, agents and volunteers of these entities, to publish any such photographs, video, film and/or interviews for the purpose of promoting or reporting on the United Methodist Camps. Further, I understand that publication may include, without limitation, use of any such photographs, video, film and/or interviews on United Methodist websites, brochures and/or videos dealing with the United Methodist Camps.

Yes, I give permission for myself, (Adult Camper or Staff Member) or my child to be photographed

** No, I do not give permission for myself, (Adult Camper or Staff Member) or my child to be photographed

Signature of Parent or Guardian
of Minor Camper or Staff Member Date

**(IF CAMPER OR STAFF MEMBER IS
UNDER AGE 18)**

Signature of Adult Camper
or Staff Member Date

**(IF CAMPER OR STAFF MEMBER IS AGE 18
OR OLDER)**

**By checking "no" you child's pictures WILL NOT be posted on Bunk1, our password-protected online photo gallery for parents.

Screening Record (For Camp Use Only)

Date screened _____ Time _____ am
pm

Meds received? Yes (if yes, see additional page) No

Current health needs identified _____

Notes _____

Screened by _____

WHAT TO BRING (and not to bring) TO CAMP

BRING:

- Bible
- Something to write with
- One outfit of clothes, underwear & socks for each day of camp (at least 5)
- At least one full set of clothes that can get muddy and dirty, including old shoes
- One pair of jeans or long pants****
- Light jacket
- Pajamas
- 2 pair shoes (**sneaker with closed back or hiking shoes****)
- Swim Suit (one piece for girls, boxer style for boys)
- Rain Gear
- Pillow and pillow case
- Sheets, blanket, or sleeping bag
- Bath towel and washcloth
- Soap, shampoo, toothpaste, toothbrush
- Deodorant or antiperspirant (not aerosol)
- Beach towel
- Flashlight and batteries
- Sunscreen
- Insect repellent (not aerosol)
- Prescription medicine or over-the-counter medicine you need for the week, in original container with original instructions

OPTIONAL:

- Books or notebook for personal quiet time
- Waterproof shower shoes or rubber flip flops
- Something to carry your bath items in
- Disposable camera
- Paper, pencil, stamped and addressed envelopes to parents and friends

DO NOT BRING:

- Candy, gum, or any food
- Very short shorts
- Halter tops, spaghetti strap tops, or tops that bare your stomach
- Radio, tape/CD/MP3 player
- Computer equipment
- Cell phones, pagers, walkie-talkies (two way communicators)
- Fireworks
- Money or anything valuable
- Alcohol, cigarettes, or illegal drugs
- Weapons of any kind
- Any item that will detract from the purpose of the camp

****You must bring these items if your camp includes horseback riding.**

Mail may be addressed to you at:
(Camper Name)
(Event Name)
Name of Camp
Address 1
City, State, Zip

Registration Form

To avoid delays, please print clearly in blue or black ink. All information must be completed, use N/A in those areas which do not apply. Incomplete registrations cannot be processed. Use this form for one camper only. If needed, make copies, including back. Family campers should send registration forms in the same envelope with other members of your family.

Name _____

Address _____

City _____ State _____

Zip _____

Birth date _____ Age _____

Boy ____ Girl ____

Grade in school fall 2009 _____

Parent / Guardian _____

Home Phone (____) _____

Work Phone (____) _____

Parent E-mail _____

Camper E-mail _____

Church Name _____

Church Address _____

Buddies: _____

You may request up to two (2) buddies (friends or siblings) to room with. Buddies must request each other.

Event Information

(PLEASE list first, second, AND third choice)

Event Number	Date	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Information

**FULL PAYMENT MUST
ACCOMPANY REGISTRATION**

Cost of Event: _____

Check or Money Order enclosed: _____
Payable to "United Methodist Camps"

Credit Card Amount: _____
Visa _____ Mastercard _____

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Expiration Date ____ / ____

Print name as shown on card:

Signature as shown on card:

Easy online registration at:
www.westhiocamps.com

Or

**Send registration, FULL PAYMENT, and
signed release form, to:**

United Methodist Camps
32 Wesley Blvd
Worthington OH 43085

Or

fax with Credit Card information to:
614.844.6429 (do not mail a duplicate form)

**THE RELEASE FORM MUST BE SIGNED
FOR CAMPERS TO ATTEND CAMP**

**UNITED METHODIST CAMPS
RELEASE OF LIABILITY**

Each United Methodist Camp and Retreat Center (“Camp”) offers a variety of services and voluntary activities designed to enrich the camping experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors, such as hiking, boating, swimming, campfires, fishing, ropes courses, horseback riding and the like. Both campers and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of its campers and staff members, there are unavoidable risks of injury—and even death—associated with camping and its related services and activities. **Consequently, a properly executed Release of Liability is required before anyone may attend a Camp as either a camper or a staff member.** Such a Release of Liability is set forth below. If you are a prospective camper or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated “Parent or Guardian of Minor Camper or Staff Member.” If you are a prospective camper or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated “Adult Camper or Staff Member.” You are encouraged to consult an attorney if you have any questions about the meaning of this document. In addition, you are encouraged to contact the Conference Camping office by phone at 1-800.437.0028 or e-mail to camps@wocumc.org if you have any questions about the services or activities provided at any Camp.

By signing below, I, _____ (print neatly the appropriate name as described above, either parent of camper under 18, or camper or staff 18 and older) acknowledge and agree to the following:

1. I have read and understand the risks summarized above;
2. I understand that my participation in camp activities and receipt of camp services is voluntary;
3. In consideration of attending a United Methodist Camp(s) as a camper or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the West Ohio Conference of the United Methodist Church and the United Methodist Camp(s) I attend, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my attendance at a United Methodist Camp(s) for injury to my person or property or my death caused by the negligence of these entities and/or individuals;

or (as appropriate);

4. In consideration of my child’s attendance at a United Methodist Camp(s) as a camper or staff member, I, for myself and on behalf of my minor child and our executors, administrators and heirs, release and hold the West Ohio Conference of the United Methodist Church and the United Methodist Camp(s) my child attends, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my child’s attendance at a United Methodist Camp(s) for injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals.

Parent or Guardian of Minor Date
Camper or Staff Member
**(IF CAMPER OR STAFF MEMBER IS
UNDER AGE 18)**

Adult Camper or Staff Member Date
**(IF CAMPER OR STAFF MEMBER IS
AGE 18 OR OLDER)**

Printed Name of Camper or Staff Member: _____

Dear Parents,

Here at West Ohio Camps, we share the concerns of many families, schools, and churches regarding the dangers associated with young people's use of social networking Web sites such as Myspace.com and Facebook.com. As you may know, the risks range from online sexual solicitation to cyber-bullying to the damaging of one's own reputation, school or job prospects by posting inappropriate information on personal pages.

The American Camp Association and the United Methodist Church are each working with its members to develop model policies designed to keep kids and the volunteers and staff that work with them safe. Our policy is enclosed for your review. We hope you will discuss it with your child and encourage him or her to share any inappropriate posting by or about members of our camp community.

We hope that each camper will come home from camp with a week's worth of memories and friendships. We strongly recommend you decide whether or not they be allowed to communicate with fellow campers and favorite counselors and then monitor these relationships. Our staff and volunteers have been trained to not initiate contact with campers after camp and to respect the boundaries that parents set to protect their children. If you feel that a camp staffer or volunteer is not following our policy as it regards your child, please contact us immediately.

Please know that we remain committed to the health and safety of all members of our community. As always, we appreciate your support and welcome your comments and suggestions. To aid you as a parent, you will find some great internet resources for being proactive on these issues.

Sincerely,

Jill Moore
Director of Camps and Retreats

www.common sense media.org – content reviews for various types of media

www.webopedia.com – a reference for internet communication abbreviations and slang

www.pervertedjustice.com – a group that tracks and stops on-line sexual predators

www.isafe.org – dedicated to internet safety education for youth

<http://yahooligans.yahoo.com/parents/> - a resource for safe web surfing for your family

www.ryanpatrickhalligan.com – works to prevent the very real threat of cyber-bullying

West Ohio Camps Policy on Social Networking and Blogging

For Staff (paid and volunteer)

In general, West Ohio Camps views social networking sites (e.g. MySpace, Facebook, etc.), personal Web sites, and Weblogs positively and respects the right of Staff to use them as a medium of self-expression. If an employee chooses to identify himself or herself as an employee of our camp on such Internet venues, some readers of such Web sites or blogs may view the employee as a representative or spokesperson of the camp. In light of that possibility, our camp requires, as a condition of employment at the camp, that Staff observe the following guidelines when referring to the camp, its programs or activities, its campers, its volunteer leaders, and/or other Staff, in a blog or on a Web site:

1. Staff must be respectful in all communications and blogs related to or referencing the camp, its campers, and/or other Staff and volunteers.
2. Staff must not use obscenities, profanity or vulgar language.
3. Staff must not use blogs or personal Web sites to disparage the camp, campers, or other staff of the camp.
4. Staff must not use blogs or personal Web sites to harass, bully, or intimidate other staff or campers. Behaviors that constitute harassment or bullying include, but are not limited to, comments or images that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another employee or camper.
5. Staff must not use blogs or personal Web sites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of drugs and alcohol, sexual behavior, sexual harassment, and bullying.
6. Staff must not post pictures or names of campers or other staff on a Web site without obtaining written permission.
7. Staff must not use our copyrighted camp name or logo without written permission from the Director of Camps and Retreats.
8. Staff web pages or blogs must not link to any site or blog that does not meet these requirements.

Any staff person found to be in violation of any portion of this Social Networking and Blogging Policy will be subject to immediate disciplinary action, up to and including termination of employment.

West Ohio Camps Policy on Social Networking and Blogging

For Campers

In general, West Ohio Camps views social networking sites (e.g., MySpace), personal Web sites, and Weblogs positively and respects the right of campers and adult volunteer leaders to use them as a medium of self-expression. If a person chooses to identify himself or herself as a camper or volunteer at our camp on such Internet venues, some readers of such Web sites or blogs may view the camper or adult volunteer as a representative or spokesperson of the camp. In light of this possibility, our camp requires, as a condition of participation in the camp, that campers and adult volunteers observe the following guidelines when referring to the camp, its programs or activities, its campers, and/or employees and volunteers, in a blog or on a Web site.

1. Campers must be respectful in all communications and blogs related to or referencing the camp, its employees, other volunteers, and other campers.
2. Campers must not use obscenities, profanity, or vulgar language.
3. Campers must not use blogs or personal Web sites to disparage the camp, its employees, other volunteers, or other campers of the camp.
4. Campers must not use blogs or personal Web sites to harass, bully, or intimidate campers, volunteers, or employees of the camp. Behaviors that constitute harassment and bullying include, but are not limited to, comments **or images** that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.
5. Campers must not use blogs or personal Web sites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.

Any camper found to be in violation of any portion of this Social Networking and Blogging Policy may be unable to register for future West Ohio Camp events.