

Children's Camp Registration Form

Registration Fee T-shirt size Date

Name _____ Boy () Girl ()

Address _____ Age ____ BD _____

City _____ State _____ Zip _____

Grade just completed (circle one) 3rd 4th 5th 6th Are you a Christian? Yes () No ()

I came to camp with _____
Church Name

Pastor's Name _____

Parent's Name _____

WHILE AT CAMP I PROMISE TO COMPLY WITH ALL CAMP RULES, THOSE LISTED AND THOSE ANNOUNCED AT CAMP.

1. To keep my dorm and room clean and neat
2. To attend and participate in all classes, activities and worship services.
3. To not use any form of tobacco at camp.
4. Be respectful of other people's feelings and property.
5. To stay out of girl's dorm if you are a boy and boy's dorm if you are a girl.
6. To wear proper clothing at all times. (No shorts in the evening worship services.)
7. To maintain a Christian spirit on the campground and to take any problems you have to the proper person.
8. To refrain from any from any activity which harms others, damages bed or equipment.
9. To keep a positive attitude and to encourage others.

I understand that my child's picture may be included in a video or in photographs that may be made during camp. I consent that my child's image may appear on video or in a camp endorsed website.

Camper signature

Date

Medical Release Form

(PLEASE PRINT ALL INFORMATION BELOW)

Camper name _____

In case of emergency notify _____

Work number _____ Cell number _____ Home _____

Does child have any known allergies: Yes () No () If yes, what allergies? _____

Does child presently take any medication regularly? Yes () No () If yes, what medications? _____

For what reasons _____

Dosage amounts _____

Please list any medical condition that we should know about in order to care for your child while at camp. _____

Date of last tetanus immunization _____

Insurance information:

Insurance company _____ Name on Policy _____

Insurance company phone number _____ Policy number _____

Will your insurance company require notification prior to emergency health care at hospital Yes () No ()

My child, _____ will be attending children's camp at First Mission Campground near Drumright, OK on June 17-21, 2019. In the event my child needs emergency care the host church, Trinity Baptist Church, Wellston, OK is authorized to pursue such care. If emergency care is needed, I understand that my child's health insurance will be given to health care professionals and any expense not covered by my child's insurance will be my responsibility.

Parent signature

The camp has a scheduled time for recreation & swimming. I give remissions for mu child to be involved in theses activities Yes () No () My child is a good swimmer _____, fair swimmer _____, use a life jacket_____.

We will have many activities at camp like volleyball, basketball, tetherball, kickball, miniature golf, running go-karts, rope course ect... If you desire to restrict your child's participation in any of these activities, please submit in writing your desire to do so.