

# REGISTRATION FORM FOR SUMMER CAMPS

**Year 2009** Christian Church (Disciples of Christ) in Oklahoma **Year 2009**

**Full payment must accompany registration. Instructions on reverse side.**

Pastor's signature required on the back of this form



A. Name _____ Home Phone _____ Address _____ City _____ Zip _____ Church & City _____ Birthday _____ Age _____ Female <input type="checkbox"/> Male <input type="checkbox"/> Grade <i>completed</i> by June _____ E-Mail _____	<p style="text-align: center; margin: 0;">Office Use Only</p> Check Date _____ Check # _____ Amount _____ CC Type _____ CC Exp Date _____ Received Date _____ Postmark Date _____ Received By _____
---	--

(please print)

## Campsite

- Central Christian Camp** (Guthrie)                     
  **Camp Christian** (Chouteau)  
 **CrossPoint Camp** (Kingston)

<p style="color: blue; margin: 0;"><u>Event: (circle only one)</u></p> <p style="margin: 5px 0;"> <i>Discovery Camp</i>     <i>Junior Camp</i>     <i>Chi Rho Camp</i>     <i>CYF Camp</i>  <i>Mid High Camp (Central Christian Camp only)</i>     <i>Fine Arts Camp (Camp Christian only)</i>                  Date of Event _____             </p>	<p style="margin: 0;">T-Shirt Size (Circle One)</p> <p>Child Sizes:     M     L <span style="margin-left: 100px;">(Adult Small)</span></p> <p>Adult Sizes:</p> <p style="margin: 5px 0;">S     M     L     XL     XXL</p>
--	---

- B. Health Record:** Please complete all items (may be completed by parent or guardian)
1. List any special needs or current problems camper has, such as diet, family changes, emotional stress, recent illness  
\_\_\_\_\_
  2. Is camper in generally good health and able to participate in all normal camp activities?    \_\_\_ yes    \_\_\_ no
  3. Is this the first time camper has been away from home for an extended period of time?    \_\_\_ yes    \_\_\_ no
  4. Date of last DT or tetanus booster \_\_\_\_\_ Last MMR (measles, mumps, rubella) vaccination \_\_\_\_\_
  5. Medical history \_\_\_ Chicken Pox    \_\_\_ Rheumatic Fever    \_\_\_ Asthma    \_\_\_ Diabetes    \_\_\_ Seizure disorder  
                                  \_\_\_ Other chronic \_\_\_ Heart problem \_\_\_ Kidney    \_\_\_ Bladder    \_\_\_ Stomach/digestion
  6. List any allergies \_\_\_ Wasp/bee stings \_\_\_ Medication \_\_\_ Food \_\_\_ Other    \_\_\_ Medical treatment required?
  7. Wear glasses? \_\_\_ Contacts? \_\_\_ Any physical activity restrictions? \_\_\_\_\_
  8. Required care of a physician in past 12 months? \_\_\_ yes \_\_\_ no    If yes, explain \_\_\_\_\_
  9. Require any medication on a regular basis? \_\_\_ yes \_\_\_ no    List all medicines camper will be bringing \_\_\_\_\_

**C. Name of Parent(s) or Guardian with whom camper lives:**  
 Name \_\_\_\_\_ Single parent home? \_\_\_ yes \_\_\_ no

**In case of emergency and parent/guardian cannot be reached, contact:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    \_\_\_ ) \_\_\_\_\_

Photos or video of my child may be used by the Christian Church in Oklahoma for publicity purposes.    Yes    No

In case of sickness or emergency, I hereby give permission for the event director to select a physician to attend my child. If need be, I give my permission for the physician to hospitalize and secure proper treatment. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention. I understand that camp insurance covers sickness or injury and that other items will be covered by our family insurance. **I have also read the policy statement on the reverse side.**

Personal Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Membership # \_\_\_\_\_

Signature of Parent \_\_\_\_\_ (Campers under 21 must have consent)

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Registration form  
continues on  
other side**

# Registration Deadline: May 15th

NAME FOR NAME TAG: \_\_\_\_\_

## To be completed by Pastor (preferred), Youth Minister, or Sponsor:

I understand that the camping program is an important part of the youth ministry of the total Church. Therefore, I will help this young person understand the importance of the event he/she is attending. I will inform the director or the Region (800-561-0125) prior to the event if there are emotional, psychological, or family issues that might affect participation. (Use additional sheet if necessary)

Signature \_\_\_\_\_

## Paying By Credit Card?

Contact Laura Townsley at 800.561.0125



### Registration Policy

1. Anyone may participate without regard to race, religion, color or national origin.
2. Full payment must accompany registration; registration not valid until full payment is received.
3. ALL FEES MUST BE PAID PRIOR TO THE EVENT.
4. **All camp registrations and fees for all summer camping events must be postmarked by May 15, 2009. Registrations received after this date will be assessed a \$45.00 late fee per camper. Late registrations will automatically be placed on a waiting list contingent on housing and camp staff availability. Registrants will be notified if space becomes available.**
5. A \$25 handling fee will be charged for cancellation less than ten days prior to the event
6. No refund will be given unless cancellation is received one hour before start of event.
7. In the event of scholarship assistance coordinate with your church office so that full payment accompanies registration.
8. **The Christian Church (DOC) in Oklahoma is not responsible for lost, stolen, or damaged items.**
9. Checks are to be payable to: **Christian Church in Oklahoma**  
Campers name and event must accompany church and/or personal checks.

Send registration and check to:

Christian Church In Oklahoma  
P.O. Box 701588, Tulsa, OK 74170-1588

Phone (800) 561-0125  
Fax (918) 743-6204

**DO NOT MAIL TO OKC.**

**DESTROY OLD REGISTRATION FORMS.**

Make sure all information is correct and complete. Include payment with registration form.

**NOTE:** A confirmation card will be mailed upon receipt of completed registration form and payment in full.