

Oklahoma District United Pentecostal Church

2018 Children's Ministries Crusader Camp

Camper Registration (June 4-7)

Age Requirements: Must be at least 8 years of age by September 1st and no older than 10.

Clothing Attire: The entire camp is casual attire. See your Pastor for complete dress code requirements.

Registration: Begins at 1:00 pm on Monday, June 4th

Camp Completion: Camp will conclude and all campers should be picked up at the conclusion of the Thursday evening service. Service begins at 6:00 pm.

Financial Information: (Place a check mark by each item you are paying for)

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| <input type="checkbox"/> Pre-Registration by May 9 th - \$70 per camper | <input type="checkbox"/> Pre-Pay Concession Card - \$20 |
| <input type="checkbox"/> Registration by June 3 rd - \$85 per camper (<i>\$100 at Door</i>) | <input type="checkbox"/> Slideshow Memory DVD - \$5 |
| <input type="checkbox"/> Camp T-Shirt - \$14 (<i>Circle Youth Size</i>) XS S M L XL (Adult) S | |

Note: Concession Cards can be used in lieu of cash at Concession Stand and Sno-Cone Stand. No refunds will be given for unspent monies. T-Shirts and Pre-Paid Concession Cards will be given to camper at registration. Memory DVD will be ready at the Thursday evening service.

Pastor: Please Make Church Check Payable to: Oklahoma District Children's Ministries

Total Camper Expense:

Mail Church Check and Registration Form to: Rev. Merle Dry, 3620 S. 65th West Ave., Tulsa, OK 74107

\$ _____

Camper (please print):

Full Name: _____ Phone: (____) _____

Address: _____ City/State: _____

Zip: _____ E-Mail: _____ Date of Birth: ____/____/____

Age: _____ Gender: _____ Baptized in Jesus Name? _____ Yes _____ No

Received the Holy Ghost? _____ Yes _____ No

Camper Release (please print): List all persons authorized to pick up and/or check out camper

1. _____ Phone: (____) _____

2. _____ Phone: (____) _____

3. _____ Phone: (____) _____

4. _____ Phone: (____) _____

IMPORTANT NOTE: Campers will NOT be released from the camp to any unauthorized persons without prior written consent from parent/guardian. **In such case, parent/guardian will be called for confirmation before camper will be released.**

PARENT / GUARDIAN (please print):

Full Name: _____ Home Phone: (____) _____

Address: _____ City/State: _____

Zip: _____ E-Mail: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Church Name: _____ Church Phone: (____) _____

Pastor's Name: _____ Pastor's Home Phone: (____) _____

HEALTH INFORMATION (please print):

_____ Yes _____ No Is your child being treated for any injury or sickness, or taking any form of medication for any reason?
Which drugs? _____
For what purpose? _____

_____ Yes _____ No Has your child been treated for any injury or sickness in the past forty-five days?

_____ Yes _____ No Does your child have any physical handicap or illness that prevents him/her from participating in normal activities?
If answered "Yes" please explain: _____

Does your child have any of the following? (**Circle all that apply**)

- Seizure Disorders Asthma Heart Murmur Diabetes Kidney Disease

List any allergies your child has, including food or medical: (Use additional paper if needed)

Family Doctor: _____ Office Phone: (____) _____

Insurance Company: _____ Policy Number: _____

Note: Campers are covered by a limited accident policy while at camp. This does not cover any pre-existing illness or illness incurred while at camp. It is strictly an accident policy and a secondary policy, paying only after your insurance has been filed. Any and all unpaid medical bills will be parent/guardian's responsibility.

CONSENT AND CERTIFICATION:

I, the undersigned, being the parent/legal guardian of the child named above, do hereby consent to the participation of my child in all schedule activities during the Oklahoma District Sunday School Camp and any other activities customarily associated with this camp. Further, I certify that my child is physically fit and adequately prepared to participate in all sporting events (unless otherwise noted in the medical information).

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize the camp nurse to make emergency medical care decisions on behalf of my child. If required by law or health care provider, I understand that the Oklahoma District United Pentecostal Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the camp office in the event of any health changes that would restrict my child's participation in any normal camp activities. I understand that adult supervisors reserve the right to withhold my child from any activity they feel is outside the physical capabilities. I also understand that my personal insurance (if applicable) is primary coverage and the Sunday School Camp's insurance is secondary. I agree to and hereby release from all liability, personal and/or property, and hold harmless the Oklahoma District United Pentecostal Church, its subsidiaries, trustees, employees, agents, sponsors and volunteers from all legal responsibility, including claims, demands and lawsuits resulting from or related to any incidents arising from or connected in any manner with the Oklahoma District Sunday School Camp, including, but not limited to, liability, damages and legal fees or costs caused by or related to the negligence or intentional act of the Oklahoma District United Pentecostal Church, its subsidiaries, its trustees, agents, sponsors, or volunteers.

Signatures:

I have reviewed the above information, including specifically the Consent and Certification and Medical Treatment Authorization. I do hereby grant authorizations as requested.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

By my signature, I am approving and verify that the above camper has been informed of the rules and dress code for the Sunday School Crusader Camp. I understand also that I will be responsible for the conduct of the applicant and I will be notified of any misconduct.

PASTOR'S SIGNATURE: _____ DATE: _____