

# 2011 REGISTRATION FORM FOR SUMMER MINISTRIES

Christian Church (Disciples of Christ) in Oklahoma

Full payment must accompany registration.

Signatures required on the back of this form. Please Print in Black Ink.



A. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Church & City \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_  Female  Male

Grade **completed** by June \_\_\_\_\_ EMail \_\_\_\_\_

## Check the Camp Experience You are Registering to Attend

Camp	Date	T-Shirt Size (choose one)
<input type="checkbox"/> Triple Camp @ Cross Point	May 31-June 4	<u>Child Sizes</u>
<input type="checkbox"/> Chi Rho 1 @ Central Camp	June 6-10	<input type="radio"/> M <input type="radio"/> L (adult small)
<input type="checkbox"/> Discovery Camp @ Central Camp	June 24-26	
<input type="checkbox"/> CYF @ Central Camp	June 27-July 2	<u>Adult Sizes</u>
<input type="checkbox"/> Junior 1 @ Central Camp	June 27-July 1	<input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
<input type="checkbox"/> Chi Rho 2 @ Central Camp	July 18-23	
<input type="checkbox"/> Junior 2 @ Central Camp	July 18-22	<input type="radio"/> XL <input type="radio"/> XXL
<input type="checkbox"/> Chi Rho/CYF @ Camp Christian	July 18-23	
<input type="checkbox"/> Junior @ Camp Christian	July 25-29	

## B. Health Record: Please complete all items (completed by parent or guardian)

1. List special needs or current problems camper has, such as diet, family changes, emotional stress, or 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  Chronic  
 Heart problem  Kidney  Bladder  Stomach/Digestion  Eating Disorder

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. Does Camper require medication on a regular basis?  Yes  No List all medicines camper will be bring to camp  
(Example: Allergy Meds, Behavioral Meds - use separate sheet if needed).

C. Name of Parent(s) or Guardian with whom camper lives: \_\_\_\_\_

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

**Registration form  
continues on  
other side**

Registration Rates  
based on Postmark

Discount Rates  
Feb. 1- April 1

Regular Rates  
April 1 - May 15

**Parent/Guardian AUTHORIZATION & ENDORSEMENT:** I give my consent for \_\_\_\_\_ to attend the camp indicated above and to participate fully in the program. In case of sickness or emergency, I/we hereby give permission for the event director to select a physician to attend my child. If need be, I/We give permission for the physician to hospitalize and secure proper treatment. I/We understand that camp insurance covers sickness or injury and that other items will be covered by our family insurance. Further, I/We release the camp director(s) and staff, and the Christian Church In Oklahoma Region from responsibility and liability for any accidents or illnesses occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants. I/We understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate emergency medical attention.

**Parent/Guardian X** \_\_\_\_\_

Personal Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Membership # \_\_\_\_\_

Signature of Parent \_\_\_\_\_

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

**Camper/Participant: I have read and agree to the following covenant...** I will be respectful to all persons and the camp environment at all times. I understand that possession of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc.) while at camp is prohibited and I will be sent home if these items are found in my possession. Radios, boom boxes, electronic entertainment devices, cell phones, pagers and beepers are disruptive to the camp community and I will not bring them to camp. I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate fully in camp activities so I can get the most out of summer camp. I will not damage camp property and will be held financially responsible for any repairs needed as a result of my actions. I understand that food should not be brought to camp. I understand that I may be sent home for behaving consistently in a way that does not reflect Christian love and grace.

**Camper X** \_\_\_\_\_

**To be completed by Pastor (preferred), Youth Minister, Elder, 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)

**Minister's Signature X** \_\_\_\_\_ / **Congregation** \_\_\_\_\_



Paying By Credit Card?  
Contact Laura Townsley at 800.561.0125

**Send registration and check to:**

**Christian Church In Oklahoma**  
**P.O. Box 580398, Tulsa, OK 74158-0398**  
Phone (800) 561-0125  
Fax (918) 743-6204