

Summer Camper Registration Form
34585 W Basin Rd * Mannford, OK 74044 (918) 865-7402
www.victory.com/campvictory

CAMPER INFORMATION

Camper Last Name: _____ Camper First Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Birthday: (mm/dd/yy) ____/____/____ Gender: (circle one) Boy or Girl Age: _____ T-Shirt Size _____

PARENT INFORMATION

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
Parent Email: _____
Camper Lives With: (circle one) Both Parents * Father * Mother * Legal Guardian * Other (Please explain) _____

EMERGENCY INFORMATION *In the case of an emergency, Camp Victory will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary contact person whom we can call. This person must be someone not living in the same household.*

Name: _____ Day Phone: (____) _____
Relationship: _____ Evening Phone: (____) _____

MEDICAL INFORMATION

Name of Family Physician: _____ Phone: (____) _____
Your Insurance Carrier Name: _____ Phone: (____) _____
Group Policy Number: _____ Name of Policy Holder: _____

Due to the nature of activities at Camp Victory, full disclosure concerning the camper's medical history must be made. If full disclosure is not made in advance, the Camp Director will be forced to refuse the camper, and the parents will be forced to pick up the camper immediately. Campers who arrive with fever, ringworm, pink eye, head lice, or any other communicable disease or undisclosed handicap or disability will not be admitted.

Please circle yes or no for each question. If yes is circled please give approximate date of occurrences, indicate whether mild or severe, and include any other details regarding the medical condition.

Medical Conditions

Does this camper have Asthma? Yes or No _____
Has this camper ever had convulsions? Yes or No _____
Does this camper have diabetes? Yes or No _____
Does this camper have any other medical conditions or diseases? Yes or No _____

Limitations

Does this camper have physical limitations? Yes or No _____
Has this camper had psychiatric treatment? Yes or No _____
Does this camper have mental limitations? Yes or No _____
Is there any additional information regarding this camper that you feel might be helpful? Yes or No _____

Medications

Does this camper take any prescription or over-the-counter medications? Yes or No (*if yes, please list the medication and the reason for taking it*) _____

Will this camper be bringing these medications to camp? Yes or No (*if yes, complete a **Camper Medication Form** and send it to camp with their medications*). **Only send the exact amount of medication that the camper will need while at camp.**

