

Summer Camper Registration Form

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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

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.**

Allergies

Is this camper allergic to any medications? Yes or No _____

Is this camper allergic to peanuts? Yes or No

Is this camper allergic to red dye? Yes or No

Is this camper lactose intolerant? Yes or No

Does this camper have any other allergies? Yes or No _____

Other Details

Are immunizations current for this camper? Yes or No

Does this camper have any difficulty with bedwetting? Yes or No

Will this camper be allowed to participate in water baptism? Yes or No

THE CAMPER'S LEGAL GUARDIAN MUST SIGN THIS FORM, OTHERWISE THE APPLICATION IS CONSIDERED VOID.

As the parent or legal guardian of the camper/minor, I authorize the camper/minor to attend Camp Victory and to engage in all camp activities, including water sports, horseback riding, outdoor activities, and strenuous activities. I acknowledge that the camp and all related activities are offered by Camp Victory and not by Victory Christian Center, Inc. ("the Church"), which is a separate legal entity from Camp Victory. I agree, personally and on behalf of camper/minor, to release and indemnify Camp Victory and the Church and their respective officers, directors, employees, and agents, from and against all liability for harm to camper/minor or camper's/minor's personal property resulting directly or indirectly from camper's/minor's attendance at camp and/or participation in any camp-related activities – even if Camp victory or the Church is deemed negligent. In other words, I will not sue Camp Victory or the Church for any reason, whatsoever. I also authorize administration of a tetanus shot or other medical treatment including the administration of over-the-counter medications deemed necessary by Camp Victory, and I agree to release and indemnify Camp victory against all liability and costs for treatment. I also authorize Camp Victory to use photos taken of camper/minor for promotional and record keeping purposes.

Signature of parent or legal guardian

Printed name of parent or legal guardian

Date

If you wish to pay by credit card, please fill in the appropriate spaces below

Type of Credit card: *Please circle one* Visa Master Card Discover American Express

Credit Card Number: _____ Expiration Date: _____

Print Name on Card: _____ Amount to be Charged: \$_____

Phone Number: (____) _____

Signature: _____

Camper's Last Name

Camper's First Name