



Church Leader

34585 W Basin Rd Mannford, Ok. 74044
(918) 865-7402 Fax (918) 865-7113
www.victory.com/campvictory

In Order for your space to be reserved a \$50.00 **non-refundable/non-transferable** deposit must be received with this completed form. **Full payment and completed form** must be received in our office **by May 1st**. To be eligible for a refund (excluding the \$50.00 Deposit) cancellations must be made **45 days** before camp date.

All Church Leaders Registrations must be completed with a recommendation from the Church Pastor (space provided on page 2) and a completed background check form. **Registrations will not be accepted upon approval of background check conducted by Camp Victory.**

Leader Information

Last Name First Name

Home Address

City State Zip Age Birthday (mm/dd/yy)

Gender: Male Female

Home Phone # Cell Phone # Work Phone #

E-Mail Address

Group Information

Church Group Name Church Phone Number

Medical Information

Please check Yes or No for each question.

Yes No
 Do you have any allergies?(Food, Animals, Insects, etc)

 Do you have any Medical conditions or diseases? _____

 Do You Have Physical Limitations? _____

 Are there any activities in which you would be unable to participate? _____

Yes No
 Do you take any prescription medications?
If yes please list: _____

 What is the reason for taking the above medication? _____

 Are you allergic to any medications? If yes please list: _____

Is there any additional information regarding your health in which we need to be aware of? _____

Emergency Contact:

Name: _____
Relationship: _____

Day Phone: _____
Evening Phone: _____

This form must be signed. If not signed, application will be considered void.
I agree to release Victory Christian Center d/b/a/Camp Victory, and their representatives and employees (collectively), "Camp Victory" from all liability for harm to myself or my personal property resulting directly or indirectly from my participation in Camp, including engaging in all Camp activities, such as water sports, horseback riding, outdoor activities, and strenuous activities. even if Camp Victory is negligent, and to indemnify Camp Victory against any such liability. I 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 myself for promotional and record keeping purposes.
Signature _____ Print Name _____ Date _____

