



September 22-24 2017

# Oklahoma College & Careers Retreat Application

**Camp Big Cedars**

A Church of God of Prophecy Ministry

Regional Office: (918) 251-9667 Regional Office Fax: 888-285-1732

Mail Application and tuition to the Directors of the Retreat. **MAKE CHECKS PAYABLE TO: Church of God of Prophecy**

Directors: Loyd & Jessie Collins

16602 S. 203rd E. Avenue

Broken Arrow, OK 74014

(918) 232-2175

Email: loyd.collinsjr@heartlandcogop.org

**AGES: 18 - 34**

**TUITION: \$50** (Due by September 1st)

**\$65** (After September 1st or at the door)

## Personal Information

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church I Attend: \_\_\_\_\_

## Medical Information

**PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD**

Please indicate with a check mark any of the following medical problems that apply to the camper. If it is a current problem, please provide date of the most recent occurrence; if a past problem, approximate date.

(Medical Information Continued on back)

<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	TB
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Trouble & Related Problems
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Ivy, Oak Sumac Poisoning
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Fainting
<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	Kidney Trouble
<input type="checkbox"/>	Recent Illness	<input type="checkbox"/>	Other:

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Allergic Reactions to: \_\_\_\_\_

Most Recent tetanus shot: \_\_\_\_\_ Blood Type \_\_\_\_\_

List any Medications to be administered at camp to be taken on a regular basis:

_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____

(Use another sheet of paper if necessary)

Camper is under the care of a physician for the following reasons: \_\_\_\_\_

List any dietary restrictions: (No special meals are provided, but we will inform our staff of camper's restrictions to help them choose allowed foods from our regular menu.) \_\_\_\_\_

Physical restrictions, or activities not allowed: \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

**Statement of Certification and Understanding**

**For Age 18 and Under:**

**MEDICAL CONSENT:** I hereby give permission to the Retreat Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for the camper. I understand that my insurance has the primary responsibility of payment should I need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration. I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations, and also understand that by signing this application I am agreeing to abide by those rules. I understand that failure to do so could result in dismissal from camp. I also agree that the Church of God of Prophecy (local, regional, and international offices), and its officers, servants, or staff shall not be held responsible for damages for any accident or sickness involving my child.

I give my permission for Camp Big Cedars administration to use images and recordings of without further compensation. I also agree to hold harmless Camp Big Cedars, its staff, and volunteers from any and all liabilities, claim, demands, and causes of action whatsoever, which may arise due to the participation of myself n said activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Signature (If over 18) \_\_\_\_\_ Date \_\_\_\_\_

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