

Oklahoma

Servant Hearts Equipped with Purpose

Camp Big Cedars

A Church of God of Prophecy Ministry
Regional Office: (918) 251-9667 Fax: (888) 285-1732

Mail or Email Application directly to:

Paula Shaw

15 Redbud St.

Kiefer, OK 74041

(918) 706-4660

Email: paula.shaw@heartlandcogop.org

General Information

Name: _____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Date of Birth: ____/____/____ Present Age: _____ Email Address: _____

Insurance Company: _____ Policy Number: _____

Church You Attend: _____

Pastor: _____ Pastor's Phone: (____) _____ Email: _____

Who to contact in case of emergency: Name: _____ Phone: (____) _____

Are you physically fit to participate in camp? _____ Are you willing to be at camp on time and stay until Director releases you from duty? _____

Will you agree to abide and promote program rules? _____ Please list prior experience: _____

Why do you want to participate in this program? _____

Statement of Certification and Understanding

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 me.

Applicant: _____ Parent/Guardian _____ Date _____

Medical Information

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

Rheumatic Fever	TB
Diabetes	Heart Trouble & Related Problems
Asthma	Ivy, Oak Sumac Poisoning
Convulsions	Fainting
Sleep Walking	Kidney Trouble
Recent Illness	Other:

Allergic Reactions to: _____

Most Recent tetanus shot: _____ Blood Type: _____

Medications taken on a regular basis:

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

Other Pertinent Information _____

MEDICAL CONSENT: In case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give permission to the Program 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 applicant. I understand that my insurance has the primary responsibility of payment should my child 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 hereby agree that my child/ward may participate in all program activities including travel off the property. I give my permission for Camp Big Cedars administration to use images and recordings of my child/ward 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, or my child/ward in said activities.

Parent or Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Application: Date Received _____

Pastor's Endorsement: Date Received _____ **Pastor Approved:** ____ Yes ____ No

Staff Acceptance Signature _____ **Date** _____