

Oklahoma

Fall Youth Retreat Application

Camp Big Cedars

A Church of God of Prophecy Ministry

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



November 2-4, 2018 Ages: 13-18

Directors: Loyd & Jessie Collins

16602 S. 203rd E. Avenue

Broken Arrow, OK 74014

TUITION

Registration: Before October 15th \$65.00

After October 15 or at the Door \$85.00

Camper Information

Name: _____ Male: _____ Female: _____

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

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

Parent or Guardian Information

Name of Parent or Guardian: _____ Email Address: _____

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

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Who to contact in case of emergency other than parent or guardian:

Medical Information

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

Name of Insurance Company _____ Policy # _____

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.

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

NOTE: Medications must be in original container & administered by camp medical staff - NO EXCEPTIONS!

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 Camp 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 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.

Statement of Certification and Understanding

I hereby agree that my child/ward may participate in all camp 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, claims, 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 _____

Camper's Signature (If over 18) _____ Date _____

FOR OFFICE USE ONLY

Early Registration? Yes No Deposit Received: \$ _____ Date _____ Application Received: Date _____

Tuition Due? \$ _____ Paid by: Check Check Number _____ Cash

Notes _____

Staff Signature _____ Date _____