



# Oklahoma Youth Camp Application

## Big Cedars Camp

A Church of God of Prophecy Ministry

Camp Phone: (405) 383-2583 Regional Office: (918) 251-9667

(Mail Applications & Deposits to the Director of the Camp you are attending.)

Make checks Payable To: Church of God of Prophecy

### SENIOR CAMP:

(Ages 13- 18)  
Loyd & Jessie Collins  
16602 S 203rd E Ave  
Broken Arrow, OK 74014  
(918) 232-2175  
loyd.collinsjr@heartlandcogop.org

### INTERMEDIATE CAMP:

(Ages 10-12)  
Darrell & Jana Phillips  
9482 CR 3480  
Ada, OK 74820  
(580) 272-3808  
darrell.phillips@heartlandcogop.org

### JUNIOR CAMP:

(Ages 7-9)  
Matt & Chrishan Cooley  
16478 CR 3490  
Ada, OK 74820  
(580) 332-5685  
matt.cooley@heartlandcogop.org

### TUITION:

(NOTE: Early Registration Tuitions are Transferable but not Refundable)

- \* **Early Camp Registration / Tuition** (With total tuition postmarked by May 15) ..... **\$ 115.00**
- \* **Full Camp Registration / Tuition** (After May 15th, and at the Door)..... **\$ 135.00**

- \* Families with 3 or more Campers receive a \$10 discount for each Camper
- \* Snacks included for Junior and Intermediate camps

## Camper Information

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

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

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

Camp Attending: Junior \_\_\_\_\_ Intermediate \_\_\_\_\_ Senior \_\_\_\_\_

NOTE: If your child is under 18, may we have your permission to baptize them in water (by immersion) if they so desire? Yes \_\_\_\_\_ No \_\_\_\_\_

## 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:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

## 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 my child.

Signed:

Camper Applicant: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Medical Information

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.

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

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

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

Medications taken on a regular basis:

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

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

**NOTE: Medications must be in original container & administered by camp medical staff no exceptions!**

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

**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.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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

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

### FOR OFFICE USE ONLY

Deposit Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Application Received: Date \_\_\_\_\_

Family Discount: \_\_\_ Yes \_\_\_ No Tuition Due: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_ Paid by: \_\_\_ Check \_\_\_\_\_ Check Number \_\_\_ Cash

Staff \_\_\_\_\_