



# Oklahoma Youth Camp Application

## Camp Big Cedars

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

Mail Applications and tuition to the Directors of the Camp you will be attending.

**MAKE CHECKS PAYABLE TO: Church of God of Prophecy**

**SENIOR: June 8-13, 2015 (Ages: 13-18)**  
Directors: Loyd & Jessie Collins  
16602 S. 203rd E. Avenue  
Broken Arrow, OK 74014  
(918) 232-2175  
Email: loyd.collinsjr@heartlandcogop.org

**INTERMEDIATE: June 15-20, 2015 (Ages: 10-12)**  
Directors: Darrell & Jana Phillips  
9482 CR 3480  
Ada, OK 74820  
(580) 272-3808  
Email: darrell.phillips@heartlandcogop.org

**JUNIOR: June 22-27, 2015 (Ages: 7-9)**  
Directors: Matt & Chishan Cooley  
16252 CR 3490  
Ada, OK 74820  
(580) 310-5061  
Email: matt.cooley@heartlandcogop.org

**TUITION: Early Registration (Postmarked by May 15) . . . . . \$125**  
**Registration (After May 15th, or at the Door) . . . . . \$145**  
**Families with 3 or more Campers receive a \$10 discount for each Camper**  
**Tuition covers snacks & refreshments for Junior & Intermediate Camps**  
**\* NOTE: Early Registration Tuitions are Transferable but not Refundable**

### Camper Information

Grade going into in the Fall: \_\_\_\_\_ First Time Camper:  Yes  No Camp Attending: \_\_\_\_\_ Senior \_\_\_\_\_ Int. \_\_\_\_\_ Junior  
Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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: (\_\_\_\_) \_\_\_\_\_

### 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.

<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:

Camp Website: www.campbigcedars.com  
Regional Website: www.heartlandcogop.org  
Regional Email: office@heartlandcogop.org  
Camp Big Cedars: 32084 Hwy. 39, Warette, OK 74878

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!**

### Camper Profile - Optional Information

(This information is optional, but may be helpful for our Team Leaders and Staff.)

Has the camper been affected by a death, divorce, or traumatic experience recently (or is still dealing with one of these situations)? If so, explain:

What three words describe your camper's personality? \_\_\_\_\_

Is your child a Christian? \_\_\_\_\_

Are there any special concerns or needs that you have as a parent regarding your camper while he/she is at camp? \_\_\_\_\_

### Statement of Certification and Understanding

**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.

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, 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 \_\_\_\_\_

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

#### FOR OFFICE USE ONLY

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

Family Discount?  Yes  No Tuition Due? \$ \_\_\_\_\_ Paid by: \_\_\_\_\_ Check \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_

Notes \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_