



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 Applications 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 November 1) **\$60** (After Nov 1, 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 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 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 _____