

Oklahoma Free Will Baptist Camps
CAMPER HEALTH/REGISTRATION FORM

P.O. Box 7527 Moore, OK 73153

okstatece.com

Circle One: Encounter 1	Encounter 2
Church: _____	Phone: _____
Church Address: _____	
City: _____	State: _____ Zip: _____
Circle One: Camper	Sponsor Pre-Camper

Camper's Name: _____ DOB: ___/___/___ Sex: ___ M ___ F
 Address: _____ City: _____ State: _____ Zip: _____
 (If applies to you) CDIB#: _____ (Please Send Photo Copy)
 Home Phone: (____) _____ Parent/Guardian Name: _____ Relationship: _____
 Email: _____ Emergency Phone: (____) _____
 Emergency Contact: _____ Relationship: _____

HEALTH INFORMATION
 Allergies ___ No ___ Yes -If yes, list what you are allergic to: _____
 Medicine(s) you are presently taking: _____
 Date of last tetanus shot: _____ Are you current on all your shots: ___ Yes ___ No
 Are there any special conditions/health problems that we should be aware of: ___ Yes ___ No
 If yes, please explain: (use the back of this paper if necessary) _____

 Your physician's name: _____ Office Phone: (____) _____

HEALTH INSURANCE INFORMATION
 Personal Ins. Coverage (Your Insurance): Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Policy Number: _____

KBA Camp Ins. Coverage: (Only for the camps that are held at Kiamichi Baptist Assembly -KBA)
 American Income Life Insurance – P.O. Box 50158 Indianapolis, IN 46250 1-800-849-4820
 Accident coverage limit: \$2,500 Sickness coverage limit: \$750 Dental coverage limit: \$300

PERMISSION TO RECEIVE MEDICAL HELP FOR CAMPER IF NEEDED
 I/We _____, parent/guardian of the above named camper, hereby give consent to provide camper with emergency care, and/or hospitalization for any accident or illness which occurs while attending Oklahoma FWB Camp at Kiamichi Baptist Assembly, and also give permission to transport camper to and from localities where such health services are provided. I/We understand that the Oklahoma Free Will Baptist CE Board is not liable for any medical cost.
 Signed: _____ Relationship: _____ Date: _____

STATEMENT
 I/We have read or have had read to us the Encounter KBA Code of Conduct, guidelines, rules, and regulations. We agree that the above named camper will follow these rules while at camp at Encounter KBA. We understand that KBA and Oklahoma FWB CE Board is not the responsible party for the supervision of the campers, but it is the responsibility of the church or group bringing them to the Encounter KBA camps. I/We understand that the Oklahoma Free Will Baptist Christian Education Board and the Oklahoma State Association of Free Will Baptists is not liable for any accidents that happen at any of the Encounter KBA camps.
 Parent/Guardian Signature: _____ Date: _____
 Camper Signature: _____ Date: _____

