## Oklahoma Free Will Baptist Camps **CAMPER HEALTH/REGISTRATION FORM**

P.O. Box 7527 Moore, OK 73153 okstatece.com

Circle One: K	(ids 1 Kid	ls 2		
Church:			Phone:	
Church Address:				
City:		State:	Zip:	
Circle One:	Camper	Sponsor	Pre-Camper	

Camper's Name:					
Address:					
(If applies to you) CDIB#:					
Home Phone: () Parent/Guardian Name	Relationship				
Email:	Emergency Phone: ()				
Emergency Contact:					
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:YesNo					
If yes, please explain: (use the back of this paper if necessary)					
Your physician's name:	Office Phone: ()				
Your dentist's name:	Office Phone: ()				
HEALTH INSURANCE INFORMATION					
Personal Ins. Coverage (Your Insurance): Company Name:					
Address:C					
Phone: () Policy Number:					
PERMISSION TO RECEIVE MEDICAL HELP FOR CAMPER IF NEEDED					
	an of the above named camper, hereby give consent to				
provide camper with emergency care, and/or hospitalization for an Kids at Camp Oakridge, and also give permission to transport camp					
provided. I/We understand that the Oklahoma Free Will Baptist CE	Board is not liable for any medical cost.				
Signed: Relations	hip: Date:				
STATEMENT					
I/We have read or have had read to us the Code of Conduct, guideline	s rules and regulations. We garee that the above named camper				
will follow these rules while at camp. We understand that Camp Oakridge 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 camp. 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 following camps at Encounter Kids at Camp Oakridge.	.,				
Parent/Guardian Signature:	Date: encounter				
	kids				
Camper Signature:	Date:				