



SUMMER CAMP REGISTRATION

NOT FOR DISTRICT CAMP REGISTRATION

1501 NW 24th St.
 Oklahoma City, OK 73106
 (405)530-2035
 fax: 405-530-2049

Camp Code: _____ Camp Date: _____

Has your information changed from last year? Yes No
 Go green! May we contact you via E-mail? Yes No

First and Last Name: _____

Date of Birth: _____ Grade in Fall: _____

Gender: Male Female

Parent or Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Cell/Other Phone: () _____ E-mail: _____

Church Denomination: _____

Church Name: _____

Circle one: Camper Leader Leader in Training Dean Shepherd (Sonshine ONLY)

T-Shirt Size: Youth-Small Youth-Medium Small Medium Large XL XXL

Roommate: _____

*Be sure to fill out the health form on page 13-14. It must be filled out completely for both minors and adults.

*If you'd like to pay by credit card, fill-out and send in the coupon on page 25
 (at the bottom of the inside back cover page) with this completed registration form.

OFFICE USE ONLY

Health Form Ropes Form Registration Form
 Health Signature Ropes Signature Rec. Letter



CAMPER HEALTH FORM*

Full Name: _____ Camp Code: _____ Date: ____ / ____ / ____
 Birth date: _____ Gender: Male Female

List three names, their relationship to the camper, and phone numbers of whom to contact in case of an emergency:

1. _____
2. _____
3. _____

HEALTH-CARE PROVIDERS:

Primary care physician: _____ Phone number: (____) _____
 Dentist: _____ Phone number: (____) _____
 Other (specify): _____ Phone number: (____) _____

INSURANCE:

This camper is covered by family insurance: YES NO
 If yes, include a copy of both sides of the insurance card.

Insurance company: _____ Policy number: _____
 Subscriber: _____ Insurance company phone number: (____) _____

HEALTH INFORMATION:

Allergies: No known allergies OR allergic to:

This camper has been fully immunized: Yes No Date of last Tetanus: _____ / _____ / _____

Circle yes or no if this camper has or had the following. If yes, explain below.

Been hospitalized?	Yes	No	Recent Injury?	Yes	No	Headaches?	Yes	No
Had Surgery?	Yes	No	Shortness of Breath?	Yes	No	Fainting or Dizziness?	Yes	No
Chronic Illness?	Yes	No	Diabetes?	Yes	No	Chest Pain?	Yes	No
Infectious Disease?	Yes	No	Seizures?	Yes	No	Back/Joint Problems?	Yes	No
Bedwetting?	Yes	No	Skin Problems?	Yes	No	Trouble sleeping?	Yes	No
Diarrhea Problems?	Yes	No	Wear glasses or contacts?	Yes	No	Eating Disorder?	Yes	No
Constipation Problems?	Yes	No	Sleepwalking?	Yes	No			

If female, have problems with menstruation? Yes No

Treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No

Have mental, emotional, or behavioral concerns? Yes No

Had a significant life event that continues to affect the camper's life? Yes No

Has food restrictions or has special dietary needs? Yes No

Continued >>>

* Even leaders, deans, and otherwise are considered campers and need to fill this form out to complete the registration process.

CAMPER HEALTH FORM*

Page 2

Full name: _____ Camp Code: _____

Explain yes answers from the previous page here: _____

Does this camper have Asthma? Yes No If yes...
Will the camper carry a rescue inhaler? Yes No Need assistance with inhaler? Yes No

MEDICATION:

Will this camper take any daily medications while at camp? Yes No

List the medications the camper will be taking:

Name of Medication	Reason given	When is it given?	Dose to give?	How is it given?

Non-prescription medications may be stocked at the camp and are used on an as needed basis to manage illness and injury.

Can this camper use over the counter medications and/or bandages? Yes No

What have we forgotten to ask? Is there anything else we should know about this camper? _____

I agree to abide by all the rules and policies of camp and to live cooperatively with other campers and leaders.

Camper's Signature: _____ Date: ____ / ____ / ____

My signature below indicates that:

- I agree to hold the Oklahoma United Methodist Camp and Retreat Program and all leaders of this camp free from liability for any injuries, damages or losses unless caused by the willful or intentional conduct on the part of the leader or staff.
- I hereby give permission to the physician or hospital staff selected by the camp leadership to order X-rays, routine tests, and treatment for the health of the camper.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician or hospital staff selected by the camp leadership to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this camper.
- This camper has permission to engage in camp activities, agrees to participate fully in the features of the program and cooperate in maintaining an atmosphere of Christian fellowship.
- I consent to the use of this camper's image or voice in photographs, audio and/or video recording taken during the course of this camp for the purpose of publicizing the camping program of the Oklahoma Conference of the United Methodist Church.

Parent/Guardian's Signature: _____ Date: ____ / ____ / ____

(if the camper is an adult, then their signature)

* Even leaders, deans, and otherwise are considered campers and need to fill this form out to complete the registration process.

► **It is important that each applicant (and guardian, if applicant is under 18 years of age) read this information!** ◀

Complete and sign the INFORMED CONSENT AND MEDICAL HISTORY FORM. Return it to 1501 NW 24th St., Oklahoma City, OK 73106 before camp begins. Call the Camp and Retreat Ministries office at (405)530-2017 for questions.

Statement of Program

The “Challenge” Confidence Course program is a part of the larger field of adventure education. It will motivate people to venture out into unfamiliar, challenging territories of life experiences. The program has three basic goals:

- To increase the individual’s level of self-confidence.
- To help participants learn to function in a group setting in a meaningful and productive way.
- To instill a feeling of fun into this challenging adventure.

The course involves each party in activities centered on a series of components or structures made with rope, steel cable and wood. Each presents a new challenge. They will walk and swing on ropes, jump a reasonable distance, support falling group members, participate as a climbing aid, and have close physical contact with other group members. Some of the components are at ground level; some are about **35 feet high** on poles (at Cross Point). If rappelling or climbing, the tower is **50 feet high** (at Cross Point). On the high components, rappelling, and climbing, each person wears

safety equipment consisting of a seat harness, a safety line and helmet. Reasonable precaution to protect the participants is taken. However, unforeseen circumstances may occur for which the personnel of the campsite cannot be held responsible.

Because of these potential dangers each participant must recognize the importance of following the leader’s instructions. Safety rules and procedures will be obeyed. Appropriate individual conduct is expected. **NO ONE IS ALLOWED ON THE COURSE WITHOUT SUPERVISION.**

Participation in the “Challenge” requires physical well being and mental alertness. Report on the consent form any condition that may restrict participation.

Informed Consent and Medical History

I, _____ would like to participate in the campsite’s challenge course
 (Applicant) (Print or type)
 sponsored by the Oklahoma United Methodist Conference to be held on _____.
 (Event date/s)

PRINT THE FOLLOWING INFORMATION:

1. Applicant’s Name _____ Date of Birth _____ / _____ / _____
2. Address _____
3. City _____ State ____ Zip _____
4. Home Phone (_____) _____ Other Phone (_____) _____
5. Person to notify in case of accident and/or injury: Name _____
 Phone Numbers: First try (_____) _____ Second try (_____) _____

NOTE: Applicants are responsible for any medical expenses and should be covered by their own accident/illness insurance.

6. If you have any conditions that would limit your involvement in physical activities, explain: _____
7. If you are currently under physicians care, explain: _____
8. If you are currently taking any medications, prescribed or otherwise, state what you are taking and what it is for: _____
9. If you have any allergies or reactions to food, medication, plants, or animals, or have any other medical limitations, identify what they are and explain: _____
10. Do you take medication for bee stings or other allergies? _____ If so, be sure to bring it with you!
11. If you have heart murmurs, episodes of irregular heartbeat, shortness of breath, or chest pains on exertion, describe symptoms and physicians diagnosis: _____
12. If you have asthma, has the condition been stable for the past year? _____
13. If you have problems with your neck, back, arms, ankles, hips, or knees that limit your activities, describe the symptoms and limitations: _____

I acknowledge that I have read the Statement of Program and/ or have been advised of the dangers and risks of participation in the Challenge/Confidence Course. I assume and understand all of the ordinary risks normally incidental to the nature of the program. This includes risks which are not specifically foreseeable.

I hereby release all rights or claims against the Oklahoma

Conference United Methodist Camps Boards, its clinicians, agents, and all individuals assisting in facilitating these activities, from all liability of any nature, for all injuries, loss or damages suffered at, or in any way connected with, these activities. I give consent for the personnel to secure needed medical services in case of an EMERGENCY.

_____/_____/_____
 Applicant’s Signature Date

_____/_____/_____
 Legal Guardian Date
 (if participant is under 18)

_____/_____/_____
 Facilitator’s Signature Date

RETURN THIS FORM, FILLED OUT AND PROPERLY SIGNED, TO 1501 N.W. 24TH STREET, OKLAHOMA CITY, OK 73106 BEFORE CAMP BEGINS.