

disciple2010june18-22

status vs. identity



# General Information

## When...

June 18-22, 2010

## Where...

**WHERE: Camp WOW**

**Send mail to:**

Camp Walk on Water  
8256 Diagonal 1500 Rd.  
Stuart, OK 74570  
(580) 892-2600

Check out [campwow.com](http://campwow.com) for more info.

## How much...

**\$160**

## What to bring/What NOT to bring...

**BRING:**

Bedding (twin sized sheets or a sleeping bag), pillow, towels, toiletries, swimsuit (Girls=one-piece; Guys=trunk style), clothes for outdoor activities (NO tank-tops or short shorts), sweatshirt (in case it gets cool), 1-2 pairs of tennis shoes (in case one pair gets wet or muddy), sandals (**MUST** have a heel-strap and can be worn anytime except during Total Camp Recreation. (**DO NOT BRING FLIP-FLOPS**) sun lotion, notebook, pen, backpack (optional), water bottle, Bible, flashlight, rain gear or umbrella and some spending cash for the snack bar

**DON'T BRING:**

Cell phones (they won't work anyway), Ipods (MP3 players, cd players, etc), personal electronic games, DVD players, fireworks, firearms, stuff for practical jokes etc. How about this: if it will get you into trouble, leave it at home.

## Camp Wow Activities

### THE WATER FRONT

The waterfront is split into two major sections, the big lake and the activities lake.

The big lake is for tubing behind the personal water crafts. Whether you go single or double you are assured a great time.

The activities lake is also split into two major sections, the sandy bottomed shallow end and the deep end.

All participants are required to pass a swim test or wear a life jacket to participate in the deep end activities. All participants are required to wear a lift jacket in the big lake.

Shallow End:

Water basketball  
Water volleyball  
Water polo  
Free swim area

Deep End:

75 ft. speed slide  
Water zip-line and rings  
The Iceberg  
The Blob

### RECREATION

We have all the classic sports, Camp WOW variations and just crazy games. Whether your are athletic or not we have a game for you. Some of our games are designed to just a be a blst and my not be as competitive as some

WE have over 10 different fields, covered basketball courts with 6 goals, 2 b each volleyball courts, waterfront, 7 low ropes elements and a challenge course. This allows up to 30 different teams playing at once with no waiting.

You won't play the same game or have the same experience twice. Each recreation time will be completely different.

# Registration & Medical Information Disciple 2010

Church Name: \_\_\_\_\_

Participant Information (please print):  CAMPER  ADULT  SIT  DT

NAME: \_\_\_\_\_ GENDER: M / F DOB (MM/DD/YY) \_\_\_\_\_  
Hm Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Grade Fall 2010: \_\_\_\_\_ Adult t-shirt Size: S M L XL XXL (Circle one)  
2 People (same gender & grade) that you would like in your small group.  
1) \_\_\_\_\_ 2) \_\_\_\_\_

## Medical Information (please print):

PLEASE LIST ANY MEDICAL CONDITIONS, INJURIES OR ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY MEDICATIONS (over the counter & prescription), DOSAGE, AND TIME TAKEN ON THE FOLLOWING CHART:  
(NOTE: All medications must be given to the camp nurse in their original packaging.)

MEDICATION	DOSAGE	AM, Noon, PM

## Over the Counter Medications:

From time to time, students require additional over the counter medications, i.e. Tylenol for a headache. These medications will be given according to the instructions listed on the package. Please check any of the following OTC meds your student can **NOT** take: \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Sudafed \_\_\_\_\_ Antihistamine \_\_\_\_\_ Pepto \_\_\_\_\_ Tums

## Parent/ Guardian Information (please print):

Adult(s) living in your house: Mom Dad Mom/Dad Mom/Stepdad Dad/Stepmom Grandparents Other: \_\_\_\_\_  
Female) \_\_\_\_\_ Male) \_\_\_\_\_  
PHONE NUMBER INFO of Parents/Guardians:  
Home: \_\_\_\_\_  
Female wk: \_\_\_\_\_ Male wk: \_\_\_\_\_ Other wk: \_\_\_\_\_  
cell: \_\_\_\_\_ cell: \_\_\_\_\_ Other Cell: \_\_\_\_\_

## Contact Information (please print): (In case parent/guardian cannot be contacted)

NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## Insurance Information (please print):

NAME OF POLICY HOLDER: \_\_\_\_\_ ID #: \_\_\_\_\_  
COMPANY: \_\_\_\_\_ Group # \_\_\_\_\_ Phone: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

I am the parent/ legal guardian of \_\_\_\_\_, I give my permission for him/her to take part in Disciple 2010. In the event that he/she is injured or ill during participation, I do hereby authorize any necessary examination, anesthetic, dental, or surgical diagnosis or treatment by a duly licensed physician or dentist at a hospital licensed by the state of Oklahoma. I authorize the physician or dentist to call in any necessary consultants at his/her best judgment as to the requirements of such diagnosis or medical, dental, or surgical treatment. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those who have temporary custody of the minor, and said physician, dentist or hospital, to exercise his/her best judgment.

Parent/Legal Guardian Signature \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Disciple 2010

**STATUS**

**WILLOW**

June 18-22

**Walk on Water  
Agreement to Participation  
Assumption of Risk and Release of Liability  
PLEASE READ BEFORE SIGNING**

The undersigned acknowledges that during the session that the applicant has requested to participate in, Certain risks and danger may occur. The undersigned recognizes that such risks and danger may include Loss or damage to personal property, physical or psychological damage and/or injury, not excluding fatality due to accident. I certify that I am completely healthy (both physically and emotionally) and capable of participating in this session. I have listed on the medical information form medical conditions That WALK ON WATER Inc. should be aware of which may hinder my participation in the session. However, I understand that it is solely my responsibility to determine whether there is any medical reason That I should not participate in the session and to obtain approval for any and all activities from the appropriate Health-care providers. The health history is correct as far as I know, and the person herein described has permission To engage in all prescribed camp activities except as noted. I hereby authorize the medical personnel selected by The camp director and/or church leader to order x-rays, routine tests, treatment, and necessary transportation for Me/my child as deemed necessary. I, individually and on behalf of the minor and all other family members, Executors or administrators, do hereby release, forever discharge, and agree to hold blameless WALK ON WATER Inc. and its counselors, staff, employees, agents, and lessors from any and all liability, claims, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER Inc. STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, or demands for personal injury, sickness, or death, as well as property Damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant While said person is participating at WALK ON WATER. In consideration of, and as part payment for, the Right to participate in such a program and the services arranged for me by WALK ON WATER Inc. its staff, Directors, counselors, employees, agents and lessors, from any and all liability, actions, causes of action, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER INC DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, debts, claims, and demands of every kind and nature Whatsoever, whether for bodily injury, property damage or loss otherwise, which I now have or which may arise From or in connection with my program or participation in any other activities arranged for me by WALK ON WATER Inc. its staff, directors, counselors, employees, agents, and lessors, for all members of my family, Including any minors accompanying me. I SPECIFICALLY AGREE THAT MY AGREEMENT TO INDEMNIFY AND HOLD HARMLESS WALK ON WATER INC. ITS STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, INCLUDES ALL LITIGATION COSTS AND ATTORNEY FEES FOR ANY LITIGATION BROUGHT ON BY MYSELF, ON BEHALF OF THE MINOR, IF APPLICABLE, OR ANY OTHER FAMILY MEMBER. I grant permission to WALK ON WATER to use photographs and any video taken by WALK ON WATER for use on web sites or other electronic form or media, without notifying me. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I hereby agree to release and hold harmless WALK ON WATER, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I also state that I am not under, and will not be under the influence of any Chemical substance including alcohol. I fully understand that my physical activity involves risks of injury. I also understand that my participation in this WALK ON WATER Inc. program is entirely VOLUNTARY. I enter into this session and take full responsibility for my decision to participate or not to participate and agree To follow all safety instructions.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant  
(If under 18, parent or guardian must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# Disciple 2010 Camper Medication Form

Church Name: \_\_\_\_\_

NAME: \_\_\_\_\_

M / F

GRADE: \_\_\_\_\_

Medical Notes: \_\_\_\_\_  
\_\_\_\_\_

Medication & Dosage		Monday		Tuesday				Wednesday				Thursday				Friday
		D	BT	B	L	D	BT	B	L	D	BT	B	L	D	BT	B
1																
2																
3																
4																
5																
7																
8																

B=Breakfast L=Lunch D=Dinner BT=Bedtime

Is camper allergic to any medications? Y / N  
 If yes, please list: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_