



Summer Camper Registration Form

34585 W Basin Rd Mannford, Ok. 74044

(918) 865-7402 Fax (918) 865-7113

www.victory.com/campvictory

In Order for your space to be reserved a \$50.00 **non-refundable/non-transferable** deposit must be received with this **completed** form. **Full payment and completed form** must be received by our office **by May 1st**. To be eligible for a refund (excluding the \$50.00 deposit) cancelations must be made **45 days** before camp date. Incomplete forms and forms other than Camp Victory's will not be accepted and will be returned.

Camper Information

Camper Last Name

Camper First Name

Home Address

City

State

Zip

Age

Birthday (mm/dd/yy)

Gender:

☐ Boy ☐ Girl

Parent Information

Parent/Guardian First Name

Parent/Guardian Last Name

Home Phone #

Cell Phone #

Work Phone #

Parent E-Mail

This Camper Lives With:

☐ Both Parents ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other: (Please Explain) _____

Emergency Information

Secondary Emergency Contact

In the case of an emergency, Camp Victory will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary contact person whom we can call. This person must be someone not living in the same household.

Name _____

Day Phone _____

Relationship _____

Evening Phone _____

Medical Insurance

Name of Family Physician _____

Phone _____

Do You carry family Medical/hospital Insurance? ☐ Yes ☐ No

Carrier Name _____

Phone _____

Group Policy Number: _____

Name Of Policy Holder _____

Group Information

Church Group Name

Church Phone Number

Camp Victory Accepts All forms of payment including credit cards. Please select your form of payment below.

If you wish to have your balance applied to your credit card, please fill in the appropriate spaces below

☐ Check # Date: / / Amount \$ ☐ Cash Amount \$

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Credit Card Number Exp. Date

Print Name on Card Amount to be charged \$

Phone number

Signature _____ Date _____

Camper First Name

Camper Last Name

Camper Last Name

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Camper First Name

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Due to the nature of activities at Camp Victory, full disclosure concerning the camper's medical history must be made. If full disclosure is not made in advance, the Camp Director will be forced to refuse the camper, and the parents will be forced to pick up the camper immediately. Campers who arrive with fever, ringworm, pink eye, head lice, or any other communicable disease or undisclosed handicap or disability will not be admitted.

Medical Information

Please check Yes or No for each question. If yes is checked, please give approximate dates of occurrences and indicate whether mild or severe

Medical Conditions

- Yes No
☐ ☐ Does this camper have Asthma? _____

☐ ☐ Has this Camper ever had convulsions? _____

☐ ☐ Does this Camper have diabetes? _____

☐ ☐ Does this Camper have heart defect? _____

☐ ☐ Does this camper have any other medical conditions or diseases? _____

Limitations

- Yes No
☐ ☐ Does this camper have Physical Limitations? _____

☐ ☐ Has this camper had psychiatric treatment? _____

☐ ☐ Does this camper mental limitations? _____

☐ ☐ Are there any activities from which this camper should be restricted? _____

☐ ☐ Will Camper be allowed to participate in Water Baptism?
☐ ☐ Is there any additional information regarding this camper that you feel might be helpful? _____

Medications

- Yes No
☐ ☐ Does this camper take any prescription medications?
 If yes please list: _____

☐ ☐ What is the reason for taking the above medication? _____

☐ ☐ Will this camper be bringing these medications to Camp?
 If yes please include Instructions: _____

Notice: Only include the exact amount of medication that the camper will need while at camp.

- ☐ ☐ Is this camper allergic to any medications?
 If yes please list: _____

Allergies

- Yes No
☐ ☐ Is this camper allergic to peanuts?
☐ ☐ Is the camper allergic to red dye?
☐ ☐ is this camper lactose intolerant?
☐ ☐ Does this camper have allergies?(Food, Animals, Insects, etc)

Other Details

- Yes No
☐ ☐ Are immunizations current for this camper?
☐ ☐ Does this camper have any difficulty with bedwetting?

This form must be signed by the camper's legal guardian. If not signed, the application is considered void.

As the parent or legal guardian of the Camper, I authorize Camper to attend Camp and to engage in all Camp activities, including water sports, horseback riding, outdoor activities, and strenuous activities. I acknowledge that the camp and all related activities are offered by Camp Victory and not by Victory Christian Center, Inc. ("The Church"), which is a separate legal entity from Camp victory. I agree, personally and on behalf of minor, to release and indemnify Camp victory and the Church and their respective officers, directors, employees, and agents, from and against all liability for harm to minor or minor's personal property resulting directly or indirectly from minor's attendance at camp and/or participation in any camp-related activities -- even if Camp Victory of the Church is deemed negligent. In other words, I will not sue Camp Victory or the Church for any reason, whatsoever. I asl authorize administration of a tetanus shot or other medical treatment including the administration of over-thje-counter medications deemed necessary by Camp Victory, and I agree to release and indemnify Camp victory against all liability and costs forr treatment. I also authorize Camp Victory to sue photos taken of camper for promotional and record keeping purposes.

Signature of Parent or Legal Guardian

Print Name

Date