



<input type="checkbox"/> Discovery Camp: completed grades 1-2 <input type="checkbox"/> Junior Camp: completed grades 3-5 <input type="checkbox"/> Chi Rho & CYF Camp: completed grades 6-12 <input type="checkbox"/> *Water Weekend: completed grades 9-12 Grades completed by June 1, 2010 <i>*Water Weekend is a specialty event, and will Require an adult sponsor for each youth group attending.</i>	<p align="center"><b>*T- shirt Sizes*</b></p> <table> <tr> <td>Youth Sizes</td> <td>Adult Sizes</td> </tr> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Small</td> </tr> <tr> <td><input type="checkbox"/> Medium</td> <td><input type="checkbox"/> Medium</td> </tr> <tr> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Large</td> </tr> <tr> <td><input type="checkbox"/> X-Large</td> <td><input type="checkbox"/> X-Large</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 2X-Large</td> </tr> </table>	Youth Sizes	Adult Sizes	<input type="checkbox"/> Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> X-Large		<input type="checkbox"/> 2X-Large
Youth Sizes	Adult Sizes												
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First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_  
 Cell Phone/Pager (\_\_\_\_) \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Camper Email: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_  
 Parent/ Guardian Name: \_\_\_\_\_  
 Church Name & City \_\_\_\_\_  
 \*\*\*Emergency Contact Name: \_\_\_\_\_  
 Emergency Contact Phone Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

**Camper Covenant:**  
 I will live by the camp health, safety and property rules. I will work with the staff and my peers to be a positive influence on all. I will give my best to help make Texoma Christian Camp Events a positive, Christian experience. I understand that this is a TOBACCO, ALCOHOL and DRUG FREE event. I understand that my violation of this Covenant may be grounds for me to be sent home.  
 \*\*\*Camper Signature: \_\_\_\_\_

**Make Checks Payable to: Texoma Christian Camp**  
**Send Money & Registrations to: FCC, 101 E. 13<sup>th</sup> St. Ada, OK 74820**  
**OR**  
**\*\*Submit forms online from your email account\*\***



Family Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

List the medications the camper will be taking: **MUST BE IN ORIGINAL CONTAINER WITH Rx ON CONTAINER**

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

**REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES:** I request and authorize the staff of the event to administer the medicines listed above to my child, as indicated.

I hereby **grant** \_\_\_\_\_ **do not grant** \_\_\_\_\_ permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, Benadryl, etc) to be given to my child, if deemed appropriate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*A Medical Log will be sent home with the camper to the parents with time, date, and amount of medication given.\*\*\*

**Allergies:** \_\_\_ No known allergies, OR \_\_\_ Allergic to: \_\_\_\_\_

This camper has been fully immunized: Yes \_\_\_ No \_\_\_ Date of last Tetanus shot: \_\_\_\_\_

This camper has food restrictions or special dietary needs: Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

*Please notify the camp if this camper has been exposed to any communicable disease during the 3 weeks prior to camp.*

Y N Are there any activities which need to be monitored? \_\_\_\_\_

Y N Are there any activities which need to be avoided? \_\_\_\_\_

Do you have any restrictions in the following area(s)?

feet \_\_\_\_\_ lungs \_\_\_\_\_ heart \_\_\_\_\_ other \_\_\_\_\_

My signature below indicates that:

- I agree to hold Texoma Christian Camp 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 leaders or staff.
- I hereby give my permission to the physician or hospital staff selected by the camp leadership to order X-rays, routine tests, and treatment for the health of my child.
- 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 my child.
- If necessary, my child may be transported in a private vehicle.
- My child has my permission to engage in camp activities and agrees to participate fully in the features of the program and to cooperate in maintaining an atmosphere of Christian fellowship.
- I consent to the use of my child's image or voice in photographs, audio and video recordings taken during the course of this camp for the purpose of publicizing the camping programs of Texoma Christian Camp.
- **I understand that if my child brings a cell phone, it will be turned off and handed into the directors of the camp for the duration of the event.**

Parent/Guardian Signature

Date