



### Camper Application Form

Big Cedars Camp  
Ministry of the Church of God of Prophecy  
16 Miles East of Purcell on Hwy. 39  
(405) 383-2100-Camp Manager or (405) 383-2583-Camp

Mail application and \$20 deposit to:

Big Cedars Camp  
Route 2, Box 345A  
Wanette, OK 74878

Make checks payable to: Church of God of Prophecy

TUITION: \$125 (Intermediate & Jr. Camp Snacks are included in the tuition.)

**NO ADMISSION WITHOUT SIGNATURE OF CONSENT BY PARENTS OR LEGAL GUARDIAN**

*Our objective at Big Cedars Camp is to provide a safe, clean, fun, comfortable facility for ministry to happen.*

#### CAMPER INFORMATION:

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_ E-Mail Address: \_\_\_\_\_

I will be attending: \_\_\_\_\_ (Camp/Retreat)

If your child is under 18 may we have your permission to baptize them in water (by immersion) if they so desire?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

#### PARENT OR GUARDIAN INFORMATION:

Name of parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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

Who to contact in case of emergency other than parents or guardian:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**STATEMENT OF CERTIFICATION & UNDERSTANDING:** I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations and also understand that in signing this application I am agreeing to abide by them. Failure to do so could result in my dismissal from camp. I also agree that the Church of God of Prophecy (local, regional and international offices), its officers, servant, or staff shall not be held responsible for damages for any accident or sickness involving my child.

Signed (Applicant): \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information:**

Please indicate with a check mark any of the following medical problems that apply to the camper. If it is a current problem, please provide date of the most recent occurrence; if a past problem, approximate date.

<input type="checkbox"/>	Rheumatic Fever _____
<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	Asthma _____
<input type="checkbox"/>	Convulsions _____
<input type="checkbox"/>	Sleep Walking _____
<input type="checkbox"/>	Recent Illness _____

<input type="checkbox"/>	TB _____
<input type="checkbox"/>	Heart Trouble & Related Problems _____
<input type="checkbox"/>	Ivy, Oak, Sumac Poisoning _____
<input type="checkbox"/>	Fainting _____
<input type="checkbox"/>	Kidney Trouble _____
<input type="checkbox"/>	Other: _____

**Allergic Reactions to:** \_\_\_\_\_

Date of Illness reference above: \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

**NOTE: Medications must be in original container & administered by camp medical staff no exceptions!**

Other Pertinent information: \_\_\_\_\_

**MEDICAL CONSENT:** In case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for the camper. I understand that my insurance has the primary responsibility of payment should my child need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration.

Parent's or guardian's signature of consent: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Tuition Due: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Registration: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Paid \_\_\_\_\_ At: \_\_\_\_\_

By Check \_\_\_\_\_ Check #: \_\_\_\_\_

Cash Paid: \_\_\_\_\_

Total Received: \_\_\_\_\_