

# Registration Form 2020

## Kids Mission Adventure Kamp

Week 1: June 8th - 11th; Week 2: June 15th - 18th; and Week 3: July 20th - 23rd

### T-Shirts size (Circle One):

Youth:    Medium    Large

Adult:    Small    Medium    Large    XL    XXL    XXXL

Name of the Person Attending Camp: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

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

Sponsoring Church: \_\_\_\_\_

Parent or Guardian (of minor): \_\_\_\_\_

Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**In Case of an Emergency notify:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone #s: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone # \_\_\_\_\_

List any allergies to medication, any known allergies, and date of last tetanus: \_\_\_\_\_

**Does the Camp Nurse have permission to give Over the Counter Medicine? (i.e. tylenol,tums) YES NO**

**Does Tulakogee have permission to take and use your photos? YES NO**

**Any Food Allergies? If so what kind:** \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

In a non life threatening emergency and if an Ambulance is need, which Hopital is perfered?

(Above information is needed in case your child/or sponsor has to be taken to the hospital and the parent/guardian cannot be reached)

Signature: \_\_\_\_\_

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

### AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/we the undersigned, parent(s) or legal guardian of the minor (name) \_\_\_\_\_  
(birthday)\_\_\_\_\_, do hereby authorize any X-ray examination, anesthetic, dental, medical, or  
surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and  
hospital service that may be rendered to said minor under the general, specific or special consent of:

(Name of adult sponsor who is temporary custodian of minor)

It is understood that this consent is given in advance of any specific diagnosis or treatment being  
required, but is given to encourage those persons who have temporary custody of the minor, and said  
physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or  
medical or dental or surgical treatment.

Date \_\_\_\_\_ Parent /Legal Guardian \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby authorize the hospital to release the following information contained in its hospital records to the  
representative of the Tulakogee Conference Center concerning Diagnosis, prognosis for

Date of birth \_\_\_\_\_

Name of Camper/Sponsor \_\_\_\_\_

This information will be used for insurance billing. \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian/Sponsor \_\_\_\_\_

**Please make sure you have the ORIGINAL and  
one (1) copy of each registration form.  
ORIGINAL to registration at Kamp. CHURCH keeps one (1) copy**

