# SAPULPA YOUTH CAMP

## CAMPER REGISTRATION FORM

**NAME: _____ MALE/FEMALE**

**ADDRESS:_____**

**AGE: _____ DOB: _____ PHONE #: _____**

**PARENTS NAME:**

**FATHER: _____ WORK NUMBER: _____**

**MOTHER: _____ WORK NUMBER:_____**

**CHURCH NAME: _____**

**PASTOR'S NAME: _____PHONE NUMBER: _____**

**COUNSELORS NAME: _____**

**EMERGENCY CONTACT:_____**

**EMERGENCY CONTACT NUMBER: _____**

**FAMILY PHYSICIAN: _____ PH. _____**

**LIST OF KNOWN ALLERGIES: _____**

**LIST OF MEDICATIONS: _____**

***Camper, please sign if you agree with this statement: I have read and agree with the camp rules.***

**CAMPER SIGNATURE: _____**

**PARENTAL AUTHORIZATION**
**I do hereby give my consent that such reasonable discipline shall be administered to the child named above as is deemed necessary by camp administration. I consent to proper emergency medical or surgical treatment as deemed necessary by the attending physician in the event of injury or illness of the above named child. It is understood that every effort shall be made to contact me immediately in the event of necessary disciplinary action or medical attention. Sapulpa Holiness Camp., or its officers assume no liability for injury above the fellowship's current insurance policy.**

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**Signature of Parent/Guardian** **Date**

***Please send the completed application with a $10.00 deposit to:***
***Melissa Newman 28874 S. 604 Rd Bunch, OK 74931***
***(For additional copies of Youth Camp rules and applications, you may visit our website at: sapulpayouthcamp.weebly.com***