

SOONER BIBLE CAMP REGISTRATION

Junior Week Camp  
June 10-16, 2018

Director use only:
Received on _____
Deposit _____
Confirmed? _____

Name \_\_\_\_\_ Sex \_\_\_\_\_

Grade next fall \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Please list your home church or sponsoring church: \_\_\_\_\_

Friends you would like to be in cabin with (cannot guarantee all requests):  
\_\_\_\_\_

First time campers: is there a returning camper that invited you? \_\_\_\_\_

Parents or Legal Guardian, please fill out the following information and sign below:

I give permission for the above named child to swim. Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any of the following or any other health or social problems that we should know about?

- |  |   |  |                                   |                                   |
|--|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Drug allergies | <input type="checkbox"/> Food allergies      | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Daily medications | <input type="checkbox"/> Bed wetting    | <input type="checkbox"/> Discipline problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other    |

Explain any checked: \_\_\_\_\_

Please note: Do not send your child to camp with lice. We cannot admit or keep anyone with lice to camp.

Our insurance is secondary insurance intended to cover what your primary insurance does not cover. Please provide:

Your insurance provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Camper:

I understand that I will be expected to participate on a team, help clean my cabin and the grounds. I will obey the camp staff.

Camper signature \_\_\_\_\_

Parent or Legal Guardian:

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child in the event of an injury or illness until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. This permission is granted while on the SBC campground or in transit to or from the campground. I give permission for the camp to use pictures including the camper in publicity for the Camp.

_____	_____	_____
Parent or legal guardian signature	Date	
_____	_____	_____
Printed Name		Emergency Phone Numbers

Please send this registration, along with your \$10 deposit (total camp fee is \$95 if wanting to pay in full) to:

Sooner Bible Camp  
c/o Dan Moffitt  
5530 S. Birmingham Ave.  
Tulsa, OK 74105-7242

You may contact Dan Moffitt for more information at (918) 605-0878 or dfmoffitt@gmail.com

If you would like confirmation of registration please provide e-mail address: \_\_\_\_\_

**DEADLINE for registration - must be received by Tuesday, June 5.**