



P.O. Box 267 Clayton, OK 74536
Phone 918-569-7856 Fax 918-569-4790

Camper / Counselor Registration, Health, And Waiver Form

THIS FORM IS REQUIRED FOR EVERY PERSON IN YOUR GROUP

*****Please – NO PETS ALLOWED*****

Camper Name _____
Camper Phone # _____ Male _____ Female _____
Camper Age _____ Camper Birthday _____
Parent / Guardian Name _____
Parent / Guardian Phone _____, Address _____

Attending Church _____

CAMPER SHOT RECORDS (These Are Required For Any Medical Treatment That May Be Required.)

Vaccines, Last Date Administered

- | | |
|--|--|
| <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Hepatitis A _____ |
| <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Hepatitis B _____ |
| <input type="checkbox"/> Rubella _____ | <input type="checkbox"/> Tetanus _____ |
| <input type="checkbox"/> Meningococcal _____ | <input type="checkbox"/> Diphtheria _____ |

ALLERGIES OR RESTRICTIONS – Please List:

ANY MEDICAL OR SPECIAL TREATMENT – Please List:

AUTHORIZATION FOR MEDICAL TREATMENT

By Signature I Verify That This Information Is Accurate And True. By Signature I Give Permission For Diagnosis, Therapeutic And Operative Procedures As Deemed Necessary.

- **Parent/Guardian Signature** _____
- **Printed Signature** _____ Date _____

PARENTAL CONSENT FOR CAMPER PARTICIPATION IN ACTIVITIES, AND FOR THE USE OF IMAGES OR RECORDINGS OF CAMPER WITHOUT COMPENSATION

- **Parent/Guardian Signature** _____ Date _____

PLEASE NOTE:

Campers Who Have Not Had Their 13th Birthday, And Anyone Who Cannot Pass A Basic Swim Test Are Required To Wear A U.S. Coast Guard Approved Flotation Device While Participating In Swimming Or Boating Activities. These Flotation Devices Must Be Provided By The Camper Or Sponsor.
Also, Additional Activities That May Be Offered At Camp Include Basketball, Canoe, Challenge Course, Hiking, Volleyball, Horseshoes, Kayak, Paddle Boat, Paint Ball, Softball, Swimming, Speedstack, Waterslide, Zip Line, Etc.

As Parent / Guardian I Give Permission For My Child To Participate In All Activities At Minnetonka Christian Camp , And Waive Any Liability On The Part Of Minnetonka Christian Camp.

- **Parent/Guardian Signature** _____ Date _____