

# July 15-20, 2012 DEAF CHRISTIAN CAMP APPLICATION

## (For each Youth and Adult campers and Staff)

(One Form Per Person Please, You may make more copies of this form for more campers if necessary)

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

ADDRESS: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ S.S.N. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CHURCH AFFLIANT: \_\_\_\_\_ DEAF/HH/HEARING  
Name of Congregation City State (Circle One)

### QUESTIONS FOR PARENTS/GUARDIANS OF YOUTH CAMPERS (AGE 9-18):

\*IF YOUR YOUTH CAMPER WANTS TO BE BAPTIZED, MAY HE OR SHE DO SO? \_\_\_\_\_

Parents/Guardians name(s): \_\_\_\_\_ Grade as of Fall 2011: \_\_\_\_\_

### CAMPER'S AGREEMENT: (Every Youth and Adult camper and Staff must sign)

"I agree to abide by all of the rules and policies of Deaf Christian Camp/Quartz Mountain Christian Camp."

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

### CHECK YOUR PAYMENT: (All checks and money order payable to DEAF CHRISTIAN CAMP)

- \_\_\_\_ 1) Enclosed is \$160.00 per adult camper for entire camp fee if sent on or before June 15, 2012.  
\_\_\_\_ 2) Enclosed is \$150.00 per youth camper for entire camp fee if sent on or before June 15, 2012.  
\_\_\_\_ 3) Enclosed is \$170.00 per adult camper for entire camp fee if sent after June 15, 2012.  
\_\_\_\_ 4) Enclosed is \$160.00 per youth camper for entire camp fee if sent after June 15, 2012.  
\_\_\_\_ 5) Enclosed is the non-refundable and non-transferable registration fee of \$85.00 per adult or youth camper if sent on or before June 15, 2012, (After the deadline, the adult camper fee of \$170.00 or youth camper fee of \$160.00 have to be paid, in this case go to #3 and #4). The balance of adult camper is \$80.00 or youth camper is \$75.00 to be paid on the first day of camp.  
\_\_\_\_ 6) Scholarship (for youth only) or Family Rate. Either one is applicable only on or before the deadline, June 15, 2012. (Check the director first before mailing this form).

PAYMENT ENCLOSED: \$ \_\_\_\_\_ BALANCE TO PAY ON JUNE 15, 2012: \$ \_\_\_\_\_

### MEDICAL INFORMATION (For each Youth and Adult camper and Staff)

Health Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

(The Insurance provided by the Camp is a supplementary policy. The Camp Insurance will be used ONLY if your do not have policy).

EMERGENCY CONTACT: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

HEALTH INFORMATION: Allergies: \_\_\_\_\_ Health Condition? \_\_\_\_\_

Name of any Medications: \_\_\_\_\_

(All medications must be labeled with name of camper and given to the Camp Nurse on the day of Registration).

\*\*\*Parents: "My child is updated with all routine Immunizations" YES/NO If no, explain: \_\_\_\_\_

Last Tetanus Shot Date: \_\_\_\_\_ Does your child have any Social/Emotional problem that we need to be Aware of? \_\_\_\_\_ ANY SPECIAL/MEDICAL NEEDS? \_\_\_\_\_

Will your child be limited by any camping activity (hiking, swimming, etc.)? \_\_\_\_\_

\*\*\*\*\*RELEASE OF LIABILITY AGREEMENT: "I/We agree that the camp is released from any to connection with the camper named in this application, except as is covered by camper insurance carried by the camp. I also give my consent for emergency medical treatment."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Every Adult camper and Parents/Guardians of Youth camper and Staff must sign)

### MAIL THIS APPLICATION/MEDICAL FORM TO:

Carl Moore, DCC Director, 4930 S. Sheridan Rd., Tulsa, OK 74145

For any questions, send email at: [carltexas04@yahoo.com](mailto:carltexas04@yahoo.com)

Deaf Christian Camp at Quartz Mountain Christian Camp – July 15-20, 2012

**REMINDER:** Make a check/money order payable to – DEAF CHRISTIAN CAMP