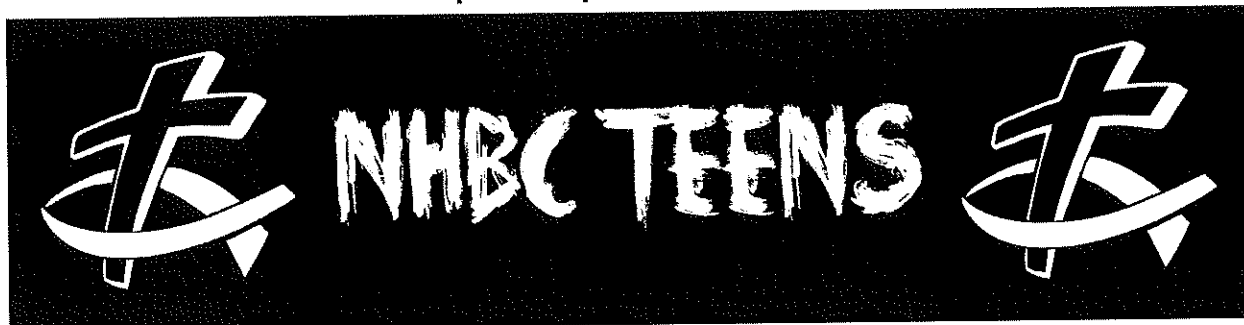


2022 Camp Participation Permission Form



Oakridge Christian Camp
July 18-22, 2022
Camper Information

Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Last Grade Completed: _____

Mailing Address: _____
City/State/Zip

Camper's Cell Phone Number: _____ Tee Shirt Size: _____

Parent/Legal Guardian Information

Name: _____

Address (If different than Camper) _____

Cell Phone Number: _____ Work: _____ Alternate: _____

If Parent is unavailable, contact the following:

Name: _____ Relationship to Camper: _____

Phone Number: _____ Alternate Phone Number: _____

Medical Information

This section MUST be filled out by Parent/Legal Guardian

Does the camper have any current medical/emotional/behavioral/physical conditions? (ADHD, OCD, ADD, anxiety, seizures, diabetes etc.)
Yes No

If yes please explain:

Does the camper have any **severe** food or environmental allergies that may require the use of an Epi-pen (eg. peanut allergy, pollen allergy etc.)
Yes No

If yes please explain:

All medications (both prescriptions and Over the Counter) must be kept and administered by Youth Leaders
Please list all over-the-counter or prescription medications you will be sending with your child.

Prescription Medication must be in original bottle with administration instructions printed

Medication Name _____ Administration Instructions _____

Insurance Information

If possible please include a copy of the front and back of your insurance card

Insurance Company: _____

Insured's Name: _____

Group ID: _____ Member ID _____

Participant Waiver and Release (MUST BE FILLED OUT FOR EACH PARTICIPANT)

Follow this QR code to sign the online waiver for Oakridge Christian Camp. This must be completed in order for your child to be registered.



I grant permission to the youth leaders and sponsors of New Hope Baptist Church to transport my minor child to Oakridge Christian Camp located at 20007 State Highway 9, Anadarko, OK 73005. I understand and agree that I am assuming for myself and the participant named below all risk of injury from participating in any camp activities. I understand that my child may be participating in swimming, fishing, climbing, boating, skiing, tubing and other activities associated with outdoor camping and unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue New Hope Baptist Church, its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, camp venue property owners, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities.

I voluntarily sign this waiver and release from and agree not to sue with full knowledge of the nature and extent of the risks. I further indemnify and save New Hope Baptist, its affiliates, employees, camp venue property owners, and agents harmless from any liability or medical payments resulting from the participant's participation in the camp or other activities during his or her travel to and stay at summer camp. I further understand that New Hope Baptist Church does not provide medical insurance coverage for the participant, and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed healthcare professional in the event of any injury, accident or illness, or other situation that may require medical attention.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor participant.

Parent/Legal guardian's signature

Date

Relationship to Camper