VOYAGE

Voyage Mobile Day Camps

Registration Form

Oklahoma United Methodist Camps

Host Site: Checotah First United Methodist Payment Method: ☐ check ☐ cash ☐ scholarship

Camper Information

First Name: _____ Last Name: _____

Birthday: _____ Grade: _____ Male ☐ Female ☐ Home Church: _____

Does this camper qualify for free/reduced price lunch? ☐ Yes ☐ No

Race/Ethnicity:
- ☐ White/Caucasian
- ☐ African American
- ☐ Hispanic
- ☐ Native American
- ☐ Asian
- ☐ Other

I consent to the use of this camper's image or voice in photographs, audio and/or video recording taken during the course of this camp for the purpose of publicizing the camping program of the Oklahoma Conference of the United Methodist Church.

☐ Yes ☐ No Signature of parent/guardian: _____

Parent/Guardian Contact Information

First Name: _____ Last Name: _____

Parent/Guardian cell: _____ Parent/Guardian email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact

Name: _____ Relationship to camper: _____ Phone: _____

Medical Information

Does your child have any food, drug, environmental, or other allergies? ☐ Yes ☐ No
If so, please explain: _____

Does your child have any dietary restrictions? ☐ Yes ☐ No
If so, please explain: _____

Will your child be taking any medications while at camp? ☐ Yes ☐ No
If so, please explain: _____

_____

_____

Has your child ever been hospitalized or had a serious injury? ☐ Yes ☐ No
If so, please explain: _____

_____

_____

Does your child have any restrictions on activity? ☐ Yes ☐ No
If so, explain: _____

_____

_____

Has your child experienced, or is currently experiencing, any of the following conditions? ☐ Yes ☐ No
(please check any of the following that apply to your child)

☐ ADD/ADHD ☐ AIDS/ARC ☐ Asthma/Inhaler ☐ Blackouts/Fainting ☐ Diabetes

☐ Hearing Problems ☐ Breathing Problems ☐ Seizures ☐ Stomach Aches ☐ Visual Problems

Other (please explain) _____

_____

Healthcare Provider & Insurance Information

Family Doctor: _____ Phone: _____
Do you have health insurance? ☐ Yes ☐ No
Name of Policy Holder: _____ Policy Holder Phone Number: _____
Employer Name (if insured through company): _____
Company Plan & Name: _____
Insurance Company Phone Number: _____ Policy Number: _____
Group Name/Number: _____

Acknowledgement of Risk

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to any camp's program, including but not limited to participation in recreational activities, a child's failure to follow instructions of supervisors, communicable illness, and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the Oklahoma United Methodist Camps staff. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both. I will take responsibility to see that my child is prepared for all activities and is in good health each day of the session. I hereby assume all risks associated with participation in the Voyage Mobile Day Camp programs and agree to hold harmless Oklahoma United Methodist Camps, its directors, officers, employees, volunteers, et al from and against any and all claims, demands, losses or liability of any kind or nature which may arise in connection with injuries suffered to my child while enrolled/participating in their program. In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the programs to secure and receive emergency medical or first aid treatment for my child, including transport via ambulance to a hospital if necessary. I consent to the sharing and release of any medical information listed above with the appropriate staff members of the program and/or medical personnel that may be necessary to ensure the safety and wellbeing of my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. I have read and understand the above informed consent agreement in its entirety and hereby give my consent for my child to participate knowing all of the foregoing.

Signature of parent/guardian: _____ Date: _____

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