



Camper Registration Form

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www.victory.com/campvictory

In Order for your space to be reserved a \$25.00 non-refundable/non-transferable deposit must be received. Registration form and full payment must be turned in three weeks prior to camp date. To be eligible for a refund (excluding the \$25.00 Deposit) cancelations must be made three week before camp date. A \$10 fee added to each camper who registers after the three week deadline. Incomplete forms will not be accepted.

Camper Information

Camper First Name

Camper Last Name

Home Address

City State Zip Age Birthday (mm/dd/yy)

Gender: Boy Girl

Session Date 1st Choice: _____ Session Date 2nd Choice: _____

Camper Would Like to Bunk with with these two friends:

Friends First Name Friends Last Name

Friends First Name Friends Last Name

Parent Information

Parent/Guardian First Name Parent/Guardian Last Name

Home Phone # Cell Phone # Work Phone #

Parent E-Mail

This Camper Lives With:

Both Parents Father Mother Legal Guardian Other: (Please Explain) _____

Emergency Information

Secondary Emergency Contact

In the case of an emergency, Camp Victory will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary contact person whom we can call. This person must be someone not living in the same household.

Name _____ Day Phone _____

Relationship _____ Evening Phone _____

Medical Insurance

Name of Family Physician _____ Phone _____

Do You carry family Medical/hospital Insurance? Yes No

Carrier Name _____ Phone _____

Group Policy Number: _____ Name Of Policy Holder _____

Group Information

This Camper is registering: As an individual With a Church Group

Church Group Name Church Phone Number

*Camp Victory Accepts All forms of payment including credit cards. Please select your form of payment below.
If you wish to have your balance applied to your credit card, please fill in the appropriate spaces below*

Check # Date: Amount \$ Cash Amount \$

Visa Mastercard Discover American Express

Credit Card Number Exp. Date

Print Name on Card Amount to be charged \$

Phone number

Signature _____ Date _____

Camper First Name Camper Last Name

Camper First Name

Camper Last Name

Due to the nature of activities at Camp Victory full disclosure concerning the camper's medical history must be made. If full disclosure is not made in advance, the Camp Director will be forced to refuse the camper, and the parents will be forced to pick up the camper immediately. Campers who arrive with fever, ringworm, pink eye, or any other communicable disease or undisclosed handicap or disability will not be admitted.

Medical Information

Please check Yes or No for each question. If yes is checked, please give approximate dates of occurrences and indicate whether mild or severe

Medical Conditions

- Yes No
 Does this camper have Asthma? _____
- Has this Camper ever had convulsions? _____
- Does this Camper have diabetes? _____
- Does this Camper have heart defect? _____
- Does this camper have any other medical conditions or diseases? _____

Medications

- Yes No
 Does this camper take any prescription medications?
If yes please list: _____
- What is the reason for taking the above medication? _____
- Will this camper be bringing these medications to Camp?
If yes please include Instructions: _____

Limitations

- Yes No
 Does this camper have Physical Limitations? _____
- Has this camper had psychiatric treatment? _____
- Does this camper mental limitations? _____
- Are there any activities from which this camper should be restricted? _____
- Will Camper be allowed to participate in Water Baptism?
- Is there any additional information regarding this camper that you feel might be helpful? _____

Notice: Only include the exact amount of medication that the camper will need while at camp.

- Is this camper allergic to any medications?
If yes please list: _____

Allergies

- Yes No
 Is this camper allergic to peanuts?
- Is the camper allergic to red dye?
- is this camper lactose intolerant?
- Does this camper have allergies?(Food, Animals, Insects, ect)

Other Details

- Yes No
 Are immunizations current for this camper?
- Does this camper have any difficulty with bedwetting?

This Form must be signed by the camper's legal guardian.

As the parent or legal guardian of the Camper, I authorize Camper to attend Camp and to engage in all Camp activities, including water sports, horseback riding, outdoor activities, and strenuous activities. I agree, personally and on behalf of Minor to release Victory Christian Center d/b/a/Camp Victory, and their representative's and employs (collectively), "Camp Victory") from all liability for harm to Minor or Minor's personal property resulting directly or indirectly from Minor's participation in Camp, even if Camp Victory is negligent, and to indemnify Camp Victory against any such liability. I authorize administration of a tetanus shot or other medical treatment deemed necessary by Camp Victory, and I agree to release and indemnify Camp Victory against all liability and costs for treatment. I also authorize Camp Victory to use photos taken of Camper for promotional and record keeping purposes.

Signature of Parent or Legal Guardian

Print Name

Date