

Camp Sooner SPONSOR Registration Form 2008

Address: Camp Sooner, 22281 Okay Rd, Tecumseh, OK 74873 Office Phone # (405) 598-3909
Contacts: John & Lori Hancock email: campsooner@gmail.com web: www.campsooner.com

****Please PRINT and fill out every line – incomplete forms will be returned****

Week(s) of Camp Attending (check all that apply) – each week is \$25 (to cover the cost of food):			
<input type="checkbox"/> Servant's (9-12)	<input type="checkbox"/> Sr. High 2 (9-12)	<input type="checkbox"/> Junior (5-6)	<input type="checkbox"/> First Chance (1-2)
<input type="checkbox"/> Sr. High 1 (9-12)	<input type="checkbox"/> Jr. High (7-8)	<input type="checkbox"/> Middler (3-4)	

STAFF/SPONSOR INFORMATION

Name: _____ MALE: _____ FEMALE: _____
 Address: _____ City/State: _____ Zip: _____
 Home Phone #: (_____) _____ Church Attending With: _____
I am Immersed: YES NO **T-Shirt Size (circle one):** YS YM YL S M L XL XXL

EMERGENCY CONTACT INFORMATION

Spouse: _____
 Cell/Pager: (_____) _____ Work: (_____) _____
 Emergency Contact: _____ Phone: (_____) _____

SPONSOR HEALTH & MEDICAL RECORD

IMPORTANT: Please enclose a photocopy of your insurance policy cards (front & back) .

Do you have any known ALLERGIES? (please list) _____

MEDICATIONS: Please list all medications that you are currently taking, dosage and time interval.

1. _____ 2. _____
 3. _____ 4. _____

INSURANCE INFORMATION: I have attached a copy of my insurance card: YES NO

Company: _____ Policy Holder: _____
 Policy/ID #: _____ Group/Plan #: _____

CONDUCT, AGREEMENT S, & POLICIES

Please read and sign all information below.

Please circle your response:

YES NO I will in no way hold CAMP SOONER responsible for any accident that might befall me which is caused by my disobedience or negligence. I will abide by Camp Sooner's rules and regulations while at camp. Modesty will prevail in all clothing matters.

YES NO I understand that Camp Sooner reserves the right to do a background check on me.

YES NO I hereby authorize treatment for myself while at camp by any doctor, nurse, or hospital as deemed necessary by camp authorities in the event of an accident, injury, or illness.

Sponsor Signature: _____ **Date:** _____

Elder/Minister Signature: _____ **Date:** _____