

**Oklahoma Free Will Baptist Camps**  
**CAMPER HEALTH/REGISTRATION FORM**

P.O. Box 7527 Moore, OK 73153

okstatece.com

Circle One: **Encounter June 12-17**      **Encounter June 26-July 1**

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle One: **Camper**      **Sponsor**      **Pre-Camper**

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If applies to you) CDIB#: \_\_\_\_\_ (Please Send Photo Copy)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

**HEALTH INFORMATION**

Allergies \_\_\_\_ No \_\_\_\_ Yes -If yes, list what you are allergic to: \_\_\_\_\_

Medicine(s) you are presently taking: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Are you current on all your shots: \_\_\_\_ Yes \_\_\_\_ No

Are there any special conditions/health problems that we should be aware of: \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: (use the back of this paper if necessary) \_\_\_\_\_

Your physician's name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Personal Ins. Coverage (Your Insurance): Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Policy Number: \_\_\_\_\_

**KBA Camp Ins. Coverage: (Only for the camps that are held at Kiamichi Baptist Assembly -KBA)**

American Income Life Insurance – P.O. Box 50158 Indianapolis, IN 46250 1-800-849-4820

Accident coverage limit: \$2,500

Sickness coverage limit: \$750

Dental coverage limit: \$300

**PERMISSION TO RECEIVE MEDICAL HELP FOR CAMPER IF NEEDED**

I/We \_\_\_\_\_, parent/guardian of the above named camper, hereby give consent to provide camper with emergency care, and/or hospitalization for any accident or illness which occurs while attending Oklahoma FWB Camp at Kiamichi Baptist Assembly, and also give permission to transport camper to and from localities where such health services are provided. I/We understand that the Oklahoma Free Will Baptist CE Board is not liable for any medical cost.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT**

I/We have read or have had read to us the Encounter KBA Code of Conduct, guidelines, rules, and regulations. We agree that the above named camper will follow these rules while at camp at Encounter KBA. We understand that KBA and Oklahoma FWB CE Board is not the responsible party for the supervision of the campers, but it is the responsibility of the church or group bringing them to the Encounter KBA camps. I/We understand that the Oklahoma Free Will Baptist Christian Education Board and the Oklahoma State Association of Free Will Baptists is not liable for any accidents that happen at any of the Encounter KBA camps.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_