



P.O Box 267 Clayton, OK 74536
Phone: 918-569-7856 Email: minnetonkacamp@gmail.com

Camper / counselor registration, health, and waiver form

THIS FORM IS REQUIRED FOR EVERY PERSON IN YOUR GROUP

Please-NO PETS ALLOWED

Camper name _____

Camper phone # _____ Male ___ Female ___

Camper age _____ Camper Birthday _____

Parent/ Guardian Name _____

Parent/Guardian Phone _____

Address _____

Attending church _____

Camper Shot Records (These are required for any medical treatment that may be required) Vaccines,

Last Date Administered

[] Measles _____

[] Mumps _____

[] Rubella _____

[] Meningococcal _____

[] Hepatitis A _____

[] Hepatitis B _____

[] Tetanus _____

[] Diphtheria _____

Allergies or restrictions - Please list

Any Medical or special treatment - Please list

Authorization for medical treatment

By signature I verify that this information is accurate and true. By signature I give permission for diagnoses, therapeutic, and operative procedures as deemed necessary.

Guest signature _____

Parent/Guardian signature (if guest is under 18) _____

Please print first and last name as signed above _____ Date _____

Consent for camper participation in activities, and for the use of images or recordings of camper without compensation

Guest signature _____

Parent/Guardian signature (if guest is under 18) _____

Please print first and last name as signed above _____ Date _____

Please note:

Campers who have not had their 13th birthday, and anyone who cannot pass a basic swim test are required to wear a U.S. Coast Guard approved flotation device while participating in swimming or boating activities.

Also, additional activities that may be offered at camp include basketball, canoe, challenge course, hiking, volleyball, horseshoes, kayak, paddle boat, paint ball, softball, swimming, speedstack, waterslide, zip line, etc.

As parent / Guardian I give permission for my child to participate in all activities at Minnetonka Christian Camp, and waive any liability on the part of Minnetonka Christian Camp.

Guest signature _____

Parent/Guardian signature (if guest is under 18) _____

Please print first and last name as signed above _____ Date _____