

IN CASE OF EMERGENCY: I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. I understand that the camp insurance does not cover illness. My child has permission to attend any activity off the camp property which has been approved by the Camp Board of Directors.

I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Oil Belt Camp or its staff members, management, or officers liable unless guilty of negligence.

Signature of Parent or Guardian: _____

Home/Cell Number: _____

Work Number: _____

Emergency Contact & Number (other than above): _____

Insurance Company and Policy Number or Card I.D.: _____

INSURANCE COVERAGE: Oil Belt Camp will provide a co-insurance program for all participants. This modest accident policy will pick up whatever deductible the camper's coverage does not pay. In the event that a camper does not have accidental insurance, Oil Belt's policy will become primary coverage for camp related accidents, ONLY. Parents should list their insurance company and policy number above.

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TO BE FILLED OUT BY YOUR CHURCH MINISTERIAL STAFF ONLY

What portion of this camper's fee will be paid by your church? _____

Church Staff Member Signature: _____ Date: _____

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TO BE FILLED OUT BY OIL BELT CAMP OFFICE ONLY

Send registration to:
Oil Belt Camp
555 Park Rd
Flora, IL 62839
Fax: 618.662.2709

Advance Registration: _____
Payment by Camper: _____
Balance Due: _____