



# Summer Camp 2012 Camper Application

www.drygulchusa.com

1003 N. 129th E. Ave.

Tulsa, OK 74116

(918) 234-5656, ext. 135

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*In order for your space to be reserved, a \$75 non-refundable/non-transferable deposit must be received. To be eligible for a refund, not including the \$75 deposit, cancellations must be made at least 4 weeks prior to the camp session. Please refer to the Registration Information for reservation procedures and policies. Instead of faxing your application, we recommend that you mail your form to us. Incomplete forms will not be accepted and will be returned. To submit applications online, call our Registration Office for an access code.*

## Camper Information

Camper's First Name

Camper's Last Name

Home Address

City

State

Zip

Age

Birthdate (mm/dd/yy)

Gender

Boy  Girl

Session Date 1st Choice

Session Date 2nd Choice

Does this camper need airport transportation?

Yes  No If yes, a copy of your airline flight itinerary must be received 4 weeks prior to your arrival.

Camper would like to bunk with these two friends:

Friend's First Name

Friend's Last Name

Friend's First Name

Friend's Last Name

## Parent Information

Father's First Name

Father's Last Name

Mother's First Name

Mother's Last Name

This camper lives with:

Both Parents  Father  Mother  Legal Guardian (name) \_\_\_\_\_  
 Other: (please explain) \_\_\_\_\_

Home Phone Number

Email Address

Father's Cell Phone Number

Father's Work Phone Number

Mother's Cell Phone Number

Mother's Work Phone Number

## Emergency Information

### **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

### **Secondary Emergency Contact**

In the case of an emergency, Dry Gulch 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 contact person must be someone not living in the same household, otherwise your group leader will automatically be the designated emergency contact person.

Name

Day Phone ( )

Relationship

Evening Phone ( )

## Group Information

This camper is registering:

as an individual Who will be picking up your camper from Dry Gulch? \_\_\_\_\_  
 with a church group

Church Group Name

Church Phone Number

Senior Pastor's Name

Group Leader's Name

Camper's First Name

Grid for entering the camper's first name.

Camper's Last Name

Grid for entering the camper's last name.

Due to the nature of activities at Dry Gulch, U.S.A., 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 a heart defect?
Does this camper have any other medical conditions or diseases?

**Limitations**

Yes No

- Does this camper have physical limitations?
Has this camper had psychiatric treatment?
Does this camper have mental limitations?
Are there any activities from which this camper should be restricted?

**Medications**

Yes No

- Does this camper take any prescription medications?
If yes, please list: (see medication policy)
What is the reason for taking the above medication?
Is this camper allergic to any medications?
If yes, please list:

**Allergies**

Yes No

- Is this camper allergic to peanuts?
Is this camper allergic to red dye?
Is this camper lactose intolerant?
Does this camper have allergies? (food, animals, insects, etc.)

**Other Details**

Yes No

- Are immunizations current for this camper?
Does this camper have any difficulty with bed wetting?
Is there any additional information regarding this camper that you feel might be helpful?

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 Church on the Move d/b/a/ Dry Gulch, and their representatives and employees (collectively "Dry Gulch") from all liability for harm to Minor or Minor's personal property resulting directly or indirectly from Minor's participation in Camp, even if Dry Gulch is negligent, and to indemnify Dry Gulch against any such liability. I authorize administration of a tetanus shot or other medical treatment deemed necessary by Dry Gulch, and I agree to release and indemnify Dry Gulch against all liability and costs for treatment. I also authorize Dry Gulch to use photos or video taken of Camper for promotional and recordkeeping purposes.
[X]
Signature of Parent or Legal Guardian Print Name Date