



Summer Camp 2010 Sponsor Registration Form

www.drygulchusa.com 1003 N. 129th E. Ave. Tulsa, OK 74116 (918) 234-5656, ext. 135 fax (918) 439-8378

In order for your space to be reserved, a \$50 non-refundable/non-transferable deposit must be received. To be eligible for a refund, not including the \$50 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 registration, we recommend that you mail your form to us. Incomplete forms will not be accepted and will be returned.

Sponsor Information

First Name Last Name

Home Address

City State Zip Age Birthdate (mm/dd/yy)

Gender Male Female Session Date 1st Choice _____ Session Date 2nd Choice _____ Do you need airport transportation? Yes No If yes, a copy of your airline flight itinerary must be received 4 weeks prior to your arrival

Home Phone Number Email Address

Cell Phone Number Work Phone Number

Group Information

Church Group Name _____ Church Phone Number () _____

Senior Pastor's Name _____

Medical Information

Please check Yes or No for each question.

Yes No Yes No

Do you have any allergies? (food, animals, insects, etc.) _____ Do you take any prescription medications? _____
If yes, please list: (see medication policy) _____

Do you have any medical conditions or diseases? _____ What is the reason for taking the above medication? _____

Do you have any physical limitations? _____ Are you allergic to any medications? _____
If yes, please list: _____

Are there any activities in which you would be unable to participate? _____ Is there any additional information regarding your health in which we need to be aware? _____

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 Insured _____

Emergency Contact

Name _____ Day Phone () _____

Relationship _____ Evening Phone () _____

This form must be signed.

I agree 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 myself or my personal property resulting directly or indirectly from my 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 myself for promotional and recordkeeping purposes.

X _____

Signature _____ Print Name _____ Date _____