

APPLICATION

Genesis is open to teens who have completed 8th–12th Grades

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Camper's Cell: () _____

DOB: _____ Grade next fall: _____

(Please Circle all that apply)

Returning Camper First Time Camper Sponsor
Male Female

T-Shirt Size S M L XL XXL

Parent/Guardian Name: _____

Parent/Guardian Phone: () _____

Name of the church group you are coming with:

- \$175 (before May 1st)
- \$200 (after May 1st)
- \$50 non-refundable deposit
(Required and will subtracted from the total cost)
- \$100 Sponsor

Remaining balance will be paid by:

Cash Personal Check my Church

I agree to follow all the guidelines of Oklahoma Christian University and Camp Genesis, and I will cooperate fully and participate in all activities. I understand any breach of guidelines can result in removal from camp at my parents expense and without refund.

Camper Name: _____

Camper Signature: _____ Date: _____

I agree to let the above named child participate in Camp Genesis and be transported to its activities. I understand that as a participant, my child may be photographed or videotaped during normal activities, and these photos may be used in promotional materials. I also understand that my family and child's contact information may be shared with Oklahoma Christian University. In addition I release and discharge for damages arising directly or indirectly from medical attention which may be administered. I further give my consent to Oklahoma Christian University to exercise their judgment concerning the proper administration of medical attention to the above named person. I also give my consent for staff members of Genesis and/or Oklahoma Christian University to sign documents permitting the performance of Medical assistance as deemed necessary by a legally licensed physician at the time of illness or injury. I further accept the financial responsibility for all medical attention which may be needed as long as this medical attention is prescribed by a legally licensed and qualified physician. I certify that I have indicated all medical history information regarding my child to Oklahoma Christian University and that all medical history is true and correct.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the cap director to order treatments and to release any records necessary for insurance purposes:

Parent Name: _____ Date: _____

Parent/Guardian Signature: _____

Current Medication: _____

For treatment of: _____

Doctor's Name: _____ Phone # _____

Insurance Company: _____ Policy # _____

Information that should be know by the Health Staff
(Allergies, Special Medical problems, etc):
