



2019 Sponsor Registration Form

Week(s) of Camp attending: ___SH ___JH ___JR ___MD ___Day
T-Shirt Size: YS YM YL S M L XL 2XL 3XL 4XL **Church:** _____

NAME: _____ **Male Female** **Phone:** _____

Address: _____ **City/State/Zip:** _____

EMERGENCY CONTACT INFORMATION

Spouse: _____ **Cell:** _____ **Work:** _____

Alternate: _____ **Cell:** _____ **Work:** _____

INSURANCE INFORMATION

Insurance Company: _____ **Policy Holder:** _____

Policy/ID#: _____ **Group #:** _____

HEALTH INFORMATION

Are there any health concerns, illnesses, allergies or injuries we should be aware of?

I HAVE MEDICATION: Y N (You may keep & dispense your own meds as long as the camp nurse is aware of this)

SPONSOR AGREEMENT

YES NO I understand that CAMP SOONER will not be responsible for any accident that might befall me which is caused by my disobedience or negligence.

YES NO I understand that Camp Sooner reserves the right to do a formal background check on me. I have disclosed any potential flags that might be discovered on the back of this form.

YES NO I understand that any damage or vandalism to camp property caused by me will be repaired at my expense. I am aware that if I cause major damage in any form it may result in my being sent home at my expense.

YES NO I also understand that I am not to leave the camp facilities without first notifying and getting approval from the camp dean.

YES NO I hereby authorize treatment for myself while at Camp Sooner by any doctor, nurse, or hospital as deemed necessary by camp authorities in the event of an accident, injury, or illness.

YES NO I am an immersed (baptized) believer in Christ.

SIGNATURE: _____ **DATE:** _____

On behalf of our church, I recommend this person as a sponsor for our campers. I certify that this person can be trusted with the care of children.

MINISTER SIGNATURE: _____ **DATE:** _____