



# 2022 Sponsor Registration Form

**Week(s) of Camp attending:** Sr High Jr High Pre-teen Elementary

**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 or director.

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: \_\_\_\_\_

**ADDENDUM TO PREVIOUSLY SIGNED WAIVER ON REGISTRATION FORM:**

I understand that any interaction with the general public poses an inherent risk of exposure to COVID-19. By attending/sending my camper to Oklahoma Christian Service Camp dba Camp Sooner, I am voluntarily assuming all risks related to exposure to COVID-19. I understand that the risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to myself/my child from the activities involved in this program could be considered significant; and,

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS both known and unknown, and assume full responsibility for my/my child's participation; and, willingly agree to comply with the program's stated and customary terms and conditions for participation. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Oklahoma Christian Service Camp dba Camp Sooner, its directors, officers, officials, agents, employees, volunteers and other participants, with respect to any and all injury, illness, disability, death, or loss /damage to person or property incident to the fullest extent permitted by law. Additionally, I HEREBY INDEMNIFY AND HOLD HARMLESS all the above from any and all liabilities to the fullest extent permitted by law.

I, FOR MYSELF, MY SPOUSE, AND MY CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_