

Kids' Camp 2009

Heartland Conference IPHC

REGISTRATION FORM

\$80⁰⁰ -- Early-bird rate postmarked by May 15
\$90⁰⁰ -- Pre-registration rate postmarked by June 5
\$105⁰⁰ -- Regular Rate

\$40⁰⁰ nonrefundable, nontransferable deposit required. Balance due at check-in. \$20⁰⁰ discount off second camp if attending both camps. T-shirt included in cost (Registrations received after preregistration deadline are not guaranteed correct size).

Mail completed form and deposit to: Kids' Camp, PO Box 10401, Oklahoma City, OK 73140

Ages	Select camp(s) to attend:	Location
8 - 12	<input type="checkbox"/> June 21 - 24, 2008 <input type="checkbox"/> June 24 - 27, 2008	Heartland Conference Campgrounds & Training Center Location: 4910 S Anderson Rd, Oklahoma City (I-40 & Anderson Rd) 405-737-0113 - www.okyouth.org

Camper Information (email and MySpace addresses — camper's or parent's — lets us communicate upcoming events)

Name _____
First Middle (Optional) Last Preferred

Email _____ MySpace _____ Age _____

Mailing Address _____
Street/PO Box City State Zip

Phone () _____ Male Female Birth date _____

T-Shirt Size (circle one) YS YM YL S M L XL Church _____

Have you attended a Heartland Conference camp previously? Yes No

If yes, when _____ Roommate Request _____

Kids' Camp Statement of Understanding (Required for your registration)

"I, _____ (print name), agree to abide by the rules of Heartland Conference camps.

Camper Signature _____ Today's Date _____

Parent/Guardian Section

I understand that during camp the above named minor may be transported off campus via bus or van due to planned structured and supervised events.

Medical Release Info: I hereby agree to hold harmless the Heartland Conference of the Pentecostal Holiness Church, the Church Education Ministries, and camp personnel in case of accident or injury sustained by my son/daughter at camp.

I do hereby authorize the Heartland Conference Church Education Ministries Director or his appointee to consent to any x-ray exam, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under law of the state of Oklahoma.

In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risk incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as his/her professional judgment determines to be necessary for the health or safety of the above named minor.

Medical Info: Medications _____

Allergies _____ Medical Allergies _____

Parent/Guardian printed name _____ Parent/Guardian signature _____ Date _____ () _____
Emergency Contact Number _____

Office use only

Date Rec'd _____ \$80 Early-bird \$90 Preregister \$105 Regular Amt. Rec'd \$ _____ Amt. due \$ _____

Notes: _____