

# One Week 2009

Youth Camps — *Elevate*<sup>100</sup>

Heartland Conference IPHC

## REGISTRATION FORM

\$115<sup>00</sup> - Early-bird rate postmarked by May 6  
\$125<sup>00</sup> - Pre-registration rate postmarked by May 27  
\$139<sup>00</sup> - Regular Rate

\$40<sup>00</sup> nonrefundable, nontransferable deposit required (\$75<sup>00</sup> for both camps). Balance due at check-in. \$20<sup>00</sup> 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: **One Week, PO Box 10401, Oklahoma City, OK 73140**

**Ages:**

**Select camp(s) to attend:**

**Location:**

**12-18**

- June 8 – 12, 2009  
 June 12 – 16, 2009

**Heartland Conference Campgrounds & Training Center**  
Location: 4910 S Anderson Rd, Oklahoma City (I-40 & Anderson Rd)  
405-737-0113 – [www.okyouth.org](http://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) S M L XL XXL XXXL Church \_\_\_\_\_

Have you attended a Heartland Conference camp previously?  Yes  No

If yes, when \_\_\_\_\_

Roommate Request \_\_\_\_\_

### One Week 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 \_\_\_\_\_  \$115 Early-bird  \$125 Preregister  \$139 Regular Amt. Rec'd \$ \_\_\_\_\_ Amt. due \$ \_\_\_\_\_

Notes: