



Church Leader Registration Form

34585 W Basin Rd Mannford, Ok. 74044
(918) 865-7402 Fax (918) 865-7113

www.victory.com/campvictory

In Order for your space to be reserved a \$25.00 non-refundable/non-transferable deposit must be received. Registration form and full payment must be turned in three weeks prior to camp date. To be eligible for a refund (excluding the \$25.00 Deposit) cancelations must be made three week before camp date. A \$10 fee added to each camper/leader who registers after the three week deadline. Incomplete forms will not be accepted and will be returned. All Church Leaders Registration forms must be sent with a recommendation from the Church Pastor (space provided on page 2) and a background check.

Leader Information

First Name Last Name

Home Address

City State Zip Age Birthday (mm/dd/yy)

Gender: Male Female **Session Date 1st Choice:** _____ **Session Date 2nd Choice:** _____

Home Phone # Cell Phone # Work Phone #

E-Mail Address

Group Information

Church Group Name Church Phone Number

Medical Information

 Please check Yes or No for each question.

<p>Yes No</p> <p><input type="radio"/> <input type="radio"/> Do you have any allergies?(Food, Animals, Insects, ect)</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Do you have any Medical conditions or diseases? _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Do You Have Physical Limitations? _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Are there any activities in which you would be unable to participate? _____</p>	<p>Yes No</p> <p><input type="radio"/> <input type="radio"/> Do you take any prescription medications?</p> <p>If yes please list: _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> What is the reason for taking the above medication? _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Are you allergic to any medications? If yes please list: _____</p> <p>_____</p> <p>Is there any additional information regarding your health in which we need to be aware of? _____</p> <p>_____</p>
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Emergency Contact:

Name: _____ Day Phone: _____

Relationship: _____ Evening Phone: _____

This form must be signed.

I agree to release Victory Christian Center d/b/a/Camp Victory, and their representatives and employs (collectively), "Camp Victory") from all liability for harm to myself or my personal property resulting directly or indirectly from my participation in Camp, including engaging in all Camp activities, such as water sports, horseback riding, outdoor activities, and strenuous activities. even if Camp Victory is negligent, and to indemnify Camp Victory against any such liability. I authorize administration of a tetanus shot or other medical treatment deemed necessary by Camp Victory, and I agree to release and indemnify Camp Victory against all liability and costs for treatment. I also authorize Camp Victory to use photos taken of myself for promotional and record keeping purposes.

Signature _____ Print Name _____ Date _____

