

# Shiloh Camper Application

## Shiloh Summer Camp

601 NE 63rd St.

OKC, OK 73105

405.858.7011

andy@shilohcamp.org/amanda@shilohcamp.org

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity:  African American  
 Male  Female Previous Camper:  Yes  No Birthdate: \_\_\_\_\_  
School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Group Attending Camp With: \_\_\_\_\_  
T-shirt: **S M L XL XXL** (all are adult sizes)

- Asian
- Caucasian
- Hispanic
- Native American
- Other \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Work Phone: \_\_\_\_\_ Pager/Cell Phone: \_\_\_\_\_

### CHOOSE YOUR SESSION (ONE session per camper, please!)

Session	Date	Age Level
<input type="checkbox"/> Session 1	June 13 - 16	12 - 16 yrs. old
<input type="checkbox"/> Session 2	June 20 - 23	THIS SESSION IS FULL
<input type="checkbox"/> Session 3	June 27 - 30	12 - 16 yrs. old
<input type="checkbox"/> Session 4	July 11 - 14	7 - 11 yrs. old
<input type="checkbox"/> Session 5	July 18 - 21	7 - 11 yrs. old
<input type="checkbox"/> Session 6	July 25 - 28	THIS SESSION IS FULL

#### SCHOLARSHIPS AND GROUP RATES AVAILABLE.

Call 858-7011 or email  
andy@shilohcamp.org or  
amanda@shilohcamp.org  
for details.

### EMERGENCY CONTACT INFORMATION (In the event that a parent/guardian cannot be reached.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION** - you must include a copy of your child's Immunization Record with this form.

Can camper fully participate in the active camp program?  Yes  No If no, explain: \_\_\_\_\_

Does the camper have any of the following conditions  
Please check all that apply.

- Asthma
  - Does camper use an inhaler?
- Seizures/Convulsions
- Blood or clotting disorders
- Allergies or Hayfever
- Diabetes
- Hyperactivity - ADD or ADHD
- Other behavior problems: \_\_\_\_\_

Other Condition(s): \_\_\_\_\_

Please list your child's medications, the dose and the times the child takes the medication: \_\_\_\_\_

Is your child allergic to any medications?

Yes  No Please list: \_\_\_\_\_

Is your child allergic to any foods?

Yes  No Please list: \_\_\_\_\_

A registered nurse is on staff to administer prescription and nonprescription medication to your child. Please send any prescription medication in the **original containers** including the child's name, name of the medication and the times the child takes the medication on the label. Non-prescription or over-the-counter medication (ex. Tylenol, Advil, Pepto-Bismol, Benedryl, cough syrup, etc.) may be given by the nurse only as needed.

**Medical Insurance or Medicaid Information** Card Holder's Name: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Information/Medical Release:**

I hereby grant Shiloh Summer Camp of Oklahoma City, its nominees and agents, unlimited permission to use, publish, and republish for purposes of advertising and trade and for such uses as it may determine, information and reproductions of my child's likeness (photographic or otherwise), my child's voice, and my child's statements related to his/her involvement as a Shiloh camper or related to the assistance he/she has received from Shiloh or any of its partner agencies, with or without identification of the child by name. I understand that my child's likeness, voice and/or statements could be used in or on, but not be restricted to, pamphlets, posters, billboards, booklets, brochures, bus shelters, bus benches, radio or television advertising, promotional videos, slide presentations, and other forms of printed, video, or audio material. I, as the child's parent or guardian, waive any right to prior approval for use of any likeness of the child, their voice, or statements associated with the matters covered by this release. I further waive any claim for compensation of any kind or nature for the use of any likeness of the child in my care, their voice, or statements associated with the matters covered by this release.

I hereby grant Shiloh Summer Camp of Oklahoma City, its nominees and agents unlimited permission to release my child's contact information (being address and phone number) with the purpose of setting the child up with a mentor or after-school program.

For the year January 1, 2006 through December 31, 2006, I do hereby release, forever discharge and agree to hold harmless Shiloh Summer Camp Inc. and Eagle Ridge Institute (hereinafter "Shiloh" and "ERI") and any and all directors thereof from any and all liability, claims or demands and expenses of any nature whatsoever which may be incurred by the undersigned participant that occur while participating in any Shiloh/ERI activity or workday, so long as prudent and reasonable care has been maintained and Shiloh/ERI is not solely negligent. I do hereby grant permission of Shiloh/ERI directors or staff to take said participant to a physician or hospital, and hereby authorized medical treatment including but not in limitation to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered under this authorization.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Application deadline is MAY 1, 2006.**

**Please mail to: Shiloh Summer Camp**


**601 NE 63rd St.**

**OKC, OK 73105**

**PRIOR TO this date. Thank you!**

**FOR CAMPERS:** Please check your 5 favorite camp activities.

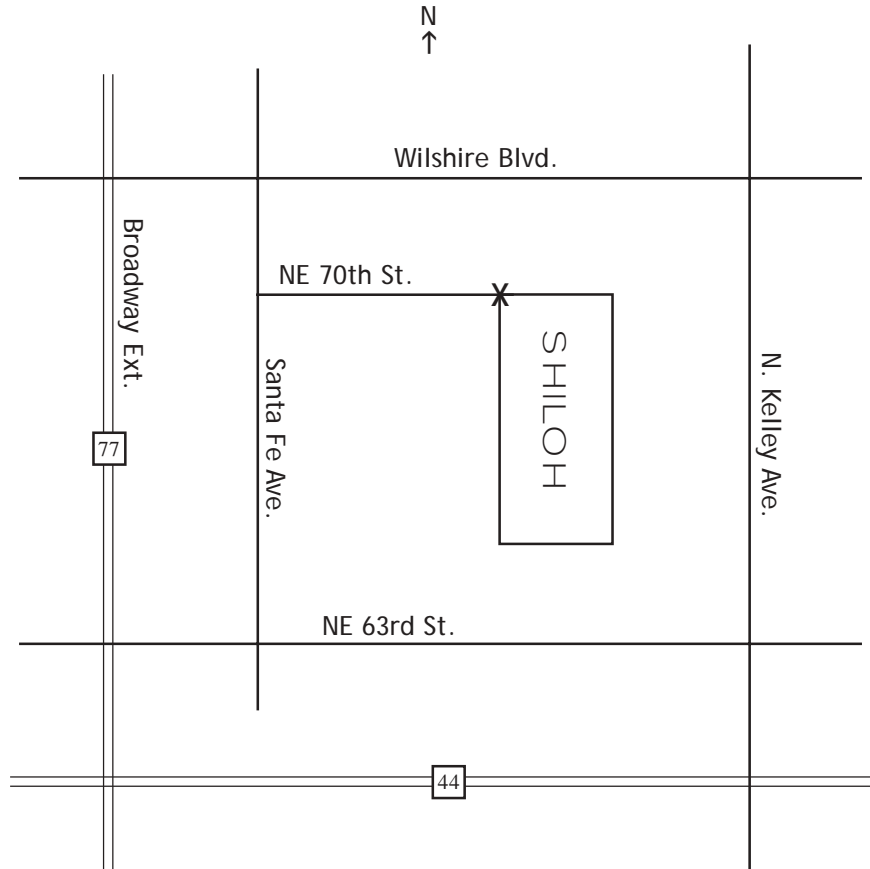
- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Basketball     | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Soccer    |
| <input type="checkbox"/> Horsemanship   | <input type="checkbox"/> Volleyball       | <input type="checkbox"/> Dance     |
| <input type="checkbox"/> Faith Pole     | <input type="checkbox"/> Flag Football    | <input type="checkbox"/> Drums     |
| <input type="checkbox"/> Climbing Wall  | <input type="checkbox"/> Pottery/Clay     | <input type="checkbox"/> Zip Lines |
| <input type="checkbox"/> Mountain Bikes | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Archery   |

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**FOR PARENTS/GUARDIANS:**

Here is the camp schedule and map to Shiloh. We are unable to provide transportation to or from camp.

<b>Tuesday</b>	9 am to 5 pm	At 6 pm on Friday, campers' families and friends are invited to Shiloh for dinner, the Shiloh Camper Talent Show and our closing service!
<b>Wednesday</b>	9 am to 5 pm	
<b>Thursday</b>	9 am to 5 pm	
<b>Friday</b>	9 am to 9 pm	



\*Please enter Shiloh through the north gate on 70th Street.\*