

One Week 2010

Youth Camps — What If...
Heartland Conference IPHC

REGISTRATION FORM

\$110⁰⁰ - Early-bird rate postmarked by May 12
\$120⁰⁰ - Pre-registration rate postmarked by June 2
\$130⁰⁰ - Regular Rate

\$40⁰⁰ nonrefundable, nontransferable deposit required. Balance due at check-in. T-shirt included in cost (Registrations received after June 2 are not guaranteed correct size).

Mail completed form and deposit to: **One Week, PO Box 10401, Oklahoma City, OK 73140**

Select camp to attend:

- Omega (ages 15-18) June 10 – 14, 2010
 Alpha (ages 12-15) June 15 – 19, 2010

Location:

Heartland Conference Campgrounds & Training Center
Location: 4910 S Anderson Rd, Oklahoma City (I-40 & Anderson Rd)
405-737-0113 – www.okyouth.org – www.hccem.org

Camper Information (email and text messaging — camper's or parent's — let us communicate upcoming events)

Name _____
First Middle (Optional) Last Preferred

Email _____ Text Msg _____ Age _____
If you can receive texts,

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 (please initial each section)

Medical Info: Medications _____

Allergies _____ Medical Allergies _____

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

____ I understand that photographs and videos of my child at camp may be used for future promotional purposes of the Heartland Conference.

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

____ I do hereby authorize the Heartland Conference Discipleship 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.

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

Office use only

Date Rec'd _____ \$110 Early-bird \$120 Preregister \$130 Regular Amt. Rec'd \$ _____ Amt. due \$ _____

Notes: