

**Oklahoma Free Will Baptist Camps**  
**CAMPER HEALTH/REGISTRATION FORM**  
P.O. Box 183 Locust Grove, OK 74352  
okstatece.com

Circle One: Encounter SWOSU      Encounter KBA      Kids Camp  
Church: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Circle One: Camper      Sponsor      Pre-Camper

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
S.S.#: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if applies to you) CDIB#: \_\_\_\_\_ (Please Send Photo Copy)  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

**HEALTH INFORMATION**

Allergies \_\_\_\_ No \_\_\_\_ Yes -If yes, list what you are allergic to: \_\_\_\_\_  
Medicine(s) you are presently taking: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_ Are you current on all your shots: \_\_\_\_ Yes \_\_\_\_ No  
Are there any special conditions/health problems that we should be aware of: \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: (use the back of this paper if necessary) \_\_\_\_\_  
Your physician's name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Personal Ins. Coverage (Your Insurance): Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Policy Number: \_\_\_\_\_

**KBA Camp Ins. Coverage: (Only for the camps that are held at Kiamichi Baptist Assembly)**

American Income Life Insurance - P.O. Box 50158 Indianapolis, IN 46250 1-800-849-4820  
Accident coverage limit: \$2,500      Sickness coverage limit: \$750      Dental coverage limit: \$300

**PERMISSION TO RECEIVE MEDICAL HELP FOR CAMPER IF NEEDED**

I/We \_\_\_\_\_, parent/guardian of the above named camper, hereby give consent to provide this with emergency care, and/or hospitalization for any accident or illness which occurs while attending Oklahoma FWB Camp at Kiamichi Baptist Assembly and/or SWOSU, and also give permission to transport camper to and from localities where such health services are provided.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT**

I/We have read or have had read to us the KBA/SWOSU Code of Conduct, guidelines, rules, and regulations. We agree that the above named camper will follow these rules while at camp at KBA/SWOSU. We understand that KBA/SWOSU and Oklahoma FWB CE Board is not the responsible party for the supervision of the campers, but it is the responsibility of the church or group bringing them to the KBA/SWOSU camps. We understand that the Oklahoma Free Will Baptist Christian Education Board is not liable for any accidents that happen at any of the following camps (Encounter SWOSU, Encounter KBA, Kids KBA).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_