

# Shiloh Camper Application

## Shiloh Summer Camp

601 NE 63rd St.

OKC, OK 73105

405.858.7011

amanda@shilohcamp.org

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### CAMPER INFORMATION

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity:  African American

School Attending (this fall): \_\_\_\_\_ Grade (this fall): \_\_\_\_\_

How did you hear about Shiloh: \_\_\_\_\_

Male  Female Previous Camper:  Yes  No Birthday: \_\_\_\_\_

Asian

Caucasian

Hispanic

Native American

Other \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION

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

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

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

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

Session	Date	Price	Age Level
<input type="checkbox"/> Session 1	June 9 - 13	\$20 per camper	12 - 16 yrs. old
<input type="checkbox"/> Session 2	June 16 - 20	\$20 per camper	8 - 11 yrs. old
<input type="checkbox"/> Session 3	June 23 - 27	\$20 per camper	8 - 11 yrs. old
<input type="checkbox"/> Session 4	July 7 - 11	\$20 per camper	8 - 11 yrs. old
<input type="checkbox"/> Session 5	July 14 - 18	\$20 per camper	12 - 16 yrs. old
<input type="checkbox"/> Session 6	July 21 - 25	\$20 per camper	8 - 11 yrs. old

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### 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: \_\_\_\_\_

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**MEDICAL INFORMATION - Please fill out and sign at the bottom.**

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

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 recommending the child to a mentor or after-school program.

For the year January 1, 2008 through December 31, 2008, 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 2, 2008.  
Please mail to: Shiloh Summer Camp  
601 NE 63rd St.  
OKC, OK 73105**

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**FOR PARENTS/GUARDIANS: (Please keep this sheet as a reminder!)**

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

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

My child's week of camp: \_\_\_\_\_

Dear Parents and Guardians,  
We are so excited that your child or children will be coming to Shiloh this summer! One thing we need to ask is that you make every possible effort to avoid picking your child up until the camp day has ended (above is our schedule). We understand that things come up, but if you could block off the camp week on your calendar and try to postpone other activities, your child will have a much more positive camp experience! Thank you for understanding. Please call 858-7011 if you have questions.



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

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