



[//tulsa-edge.com](http://tulsa-edge.com)

Summer Camp 2009

July 27-31

Rhema Ranch – Checotah, OK

Cost: \$215 if registered & pay the \$25 Registration fee by June 14

\$235 if registered after June 14

(Payment in full & registration forms due: July 19)

DISCOUNTS: You will receive a \$20 discount if

- You have multiple children going
- You are on staff with Grace Church or Grace Christian School
- Your child will be entering 6th or 7th grade this coming school year
- Only one discount per child

Important Information (KEEP THIS PAGE):

RHEMA Ranch HC 68 Box 520 Checotah, OK 74426

Phone: (918) 466-3350

Website: www.rhema.org

Robb Yandian's Emergency Cell Phone #: 645-6386 Kellie's 691-3916 (No guarantee that the phone will have service there)

Check in time: Meet at The Edge Monday, July 27, @ 1:00 PM for check-in and bus loading

Estimated Departure time: 2:00 PM from Grace

Returning: We will arrive back at The Edge on Friday, July 31, @ 2:00 PM

Suggested Items to Bring:

1. Bible / Notebook / Pen / Hungry heart
2. Shower flip flops/Sunscreen / Beach Towel
3. Toiletries – toothbrush/toothpaste, soap, shampoo, DEODORANT, feminine hygiene products, etc.
4. Bug Spray / Flash light / Camera
5. Swim Suit - (**Girls:** Modest 1 piece or tankinis that do not show midriff / no low neck lines / no high cut **Guys:** no Spandex)
6. Pillow / Bedding (sleeping bag or sheets for twin sized bed)
7. Appropriate clothes - (Remember it may be cool in the evenings)
 - Bring clothes that can get dirty and possibly ruined.

Girls -

- **NO backless, strapless, laced up, short w/midriff showing, spaghetti strapped, tight or low neck lined tops allowed (regular tank tops are ok)**
 - **Proper under-garments MUST be worn at all times**
 - **Shorts must be NO shorter than mid-thigh and NOT tight fitting**
 - **Please know this will be enforced and we ask that you not bring anything that may be in question.**
8. Athletic shoes, softball/baseball gloves etc.
 9. Extra money for concessions and horseback riding (\$15), etc.

What NOT to Bring:

Our goal in making this list is to eliminate any potential distraction from what the Lord wants to do this week in your life, as well as to keep everyone safe.

1. Electronic devices (i.e. DS, PS2 & MP3/iPods) – No exceptions, they will be taken for the week if found.
2. Knives or other real or fake weapons
3. Fireworks or matches
4. Tobacco products
5. Teen magazines or the like

ALL APPLICATIONS MUST BE ACCOMPANIED BY \$25 NON-REFUNDABLE DEPOSIT
(Make checks payable to Grace Church)

9610 S. Garnett Rd. – Broken Arrow, OK 74012
For More Information, Please Call: 252-1611x.5081
Email: kyandian@gracetulsa.com



2009 Camp Registration Form

Camp Dates: Monday, July 27 thru Friday, July 31, 2009				Today's Date: / /	
CAMPER INFORMATION:					
Last Name		First Name		Middle Initial	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		City, State		Zip Code	T-shirt Size:
Phone Number ()		Email Address		Date of Birth / /	Grade entering in <u>2009-10</u>
Age at time of camp	<i>Office Use Only:</i>				
School you attend:		Church you attend:		List name of one friend coming to camp:	
PARENT/GUARDIAN INFORMATION:					
Last Name		First Name		Middle Initial	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		City		State	Zip Code
Home Phone Number ()		Work Phone Number ()		Email Address	
Relationship to Camper <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <i>If other, please explain:</i>					
Home Church		City		State	Pastor's Name
List any medication which will accompany the child to camp the dosage and the time(s) it is to be taken:					
Medication name				Time(s) to be taken	
Last date of "Tetanus" shot? / /		I give my permission for my child to be given the following over-the-counter medications if needed: <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Tylenol <input type="checkbox"/> Antacid <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Antihistamines <input type="checkbox"/> Cough syrup			
Describe any physical, emotional or mental limitations: <i>(please be specific)</i>					
Parent/Guardian Signature:			Camper Signature:		
Today's Date: / /			Today's Date: / /		



Grace Church, Inc.
Summer Youth Camp - 2009

EMERGENCY INFORMATION
(Completion required at registration)

Form with fields: Youth Full Legal Name, Parent/Legal Guardian Full Legal Name, Home Phone Number, Work & Cell Phone Number, Emergency Contact, Relation, Emergency Contact Phone (Day), (Night), Doctor, Phone Number, Insurance Company, Policy #.

Event: Youth Summer Camp and all related activities.
Event Dates: July 27-31, 2009
Location: Rhema Ranch- Checotah, OK

I, _____, hereby affirm and agree that I am the parent or legal guardian of _____, a minor ("Minor"); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release.
I agree, individually and on behalf of Minor, to release and to hold harmless Grace Church, Inc., its agents, officers, directors, and employees (collectively referred to as "the Church") from liability of any kind, including Church's negligence, for Minor's injury, death, or damage to or loss of Minor's personal property, resulting directly or indirectly from his/her participation in the Activity.
In the event that Minor is injured during the Activity, and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church, until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available.
Parent states that minor has no particular reaction to food, medication, or environment unless disclosed on the back of this release.
Parent states that minor is in good health and can be allowed to participate in all of the normal functions associated with the above activity.
Father (or Legal guardian) Date
Mother (or Legal guardian) Date
Witness Date

REACTION TO FOOD, MEDICATION OR ENVIRONMENT DISCLOSURE

Privacy Notice: Any information disclosed below will be used only by Grace Church for medical treatment purposes. We will only release this information for non-medical treatment purposes with your expressed written consent.

FOOD:

Conditions or reactions pertaining to FOOD: _____

Symptoms that identify above condition or reaction: _____

Recommended action for above condition or reaction: _____

MEDICATION:

Conditions or reactions pertaining to MEDICATION: _____

Symptoms that identify above condition or reaction: _____

Recommended action for above condition or reaction: _____

ENVIRONMENT:

Conditions or reactions pertaining to ENVIRONMENT: _____

Symptoms that identify above condition or reaction: _____

Recommended action for above condition or reaction: _____

Father (or Legal guardian) Date Mother (or Legal guardian) Date