

Heartland Camps 2020

Heartland Conference IPHC

REGISTRATION FORM

COST:

One Week: \$135⁰⁰ if postmarked by May 15, 2020, **\$165⁰⁰ after**

Kid's Camp: \$110⁰⁰ if postmarked by May 15, 2020, **\$140⁰⁰ after**

Jr Camp: \$135⁰⁰ if postmarked by May 15, 2020, **\$165⁰⁰ after**

A **\$50⁰⁰** nontransferable deposit required. Balance due at check-in. T-shirt included in cost (Registrations received after May 15, 2020 are not guaranteed correct size).

Mail completed form and deposit to: **Heartland DM 4910 S Anderson Rd, Oklahoma City, OK 73150**

Select camp to attend:

Location:

- One Week (6th – 12th Grade) June 8-12, 2020
- Kid's Camp (1st – 3rd Grade) **July 22-26, 2020**
- Jr Camp (3rd – 6th Grade) June 22-26, 2020

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

Camper Information

Name _____
First Middle (Optional) Last Preferred

Email _____ Age _____

Mailing Address _____
Street/PO Box City State Zip

Phone () _____ Male Female Birth date _____

T-Shirt Size (circle one) YS YM YL S M L XL 2XL Church _____

Have you attended a Heartland Conference camp previously? Yes No

If yes, when _____ Roommate Request _____

Kids' Camp 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 and/or any special needs or accommodations the camp needs to be aware of _____

Allergies _____ Medical Allergies _____

I authorize _____ to pick my child up from camp. (MUST call to verify if this changes).

____ 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.

____ I do hereby authorize the Heartland Conference Discipleship Ministries Director or her appointee to administer over the counter medications including but not limited to acetaminophen, ibuprofen, Benadryl.

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

Office use only

Date Rec'd _____ One Week \$135 early/\$165 Amt. Rec'd \$ _____ Amt. due \$ _____

Notes: Kid's Camp: \$110 early/ \$140 Jr Camp: \$135 early/ \$165