



June 1-5



STUDENT INFO

What do I Bring?

WHEN? June 1-5, 2017

Where? Heart O' Hills Camp and Conference Center just outside Tahlequah, OK. Heart O' Hills is owned and operated by the Salvation Army and is one of the premier camping facilities in the southwest.

*Heart O' Hills
23122 Salvation Rd.
Welling, OK 74471
(918) 453-2518*

How Much?

But...

What is it?

Disciple is an independent, retreat setting for middle school-aged students (check with your church to see if you qualify), which focuses on bringing them into a relationship with Jesus Christ and teaching a Godly lifestyle. For five extraordinary days, we combine students, youth ministers, pastors, and a staff of volunteer leaders from all over Oklahoma to form an event geared to promoting spiritual growth.

BRING: Bedding (twin sized sheets or a sleeping bag), pillow, towels, toiletries, one-piece swimsuit (or wear a dark colored t-shirt over your tankini), clothes for outdoor activities (**NO** tank-tops or short shorts), sweatshirt (in case it gets cool), extra pair of tennis shoes (in case one pair gets wet or muddy), sandals (*MUST* have a heel-strap and can be worn anytime except during Ropes Course activities. *DO NOT BRING FLIP-FLOPS*), sunscreen, notebook, pen, backpack (optional), water bottle, Bible, flashlight, rain gear or umbrella, a little spending cash for the snack shack.

CLOTHING NEEDED FOR REC:

Wear closed toed shoes that you can run in and active wear clothes that may be dirty.

DON'T BRING: Cell phones (they won't work anyway), iPods (MP3 players, CD players, etc), personal electronic games, DVD players, fireworks, firearms, stuff for practical jokes, etc. How about this: if it will get you into trouble, leave it at home.

Who Leads It?

Disciple is comprised of churches from all over Oklahoma (from Altus to Tulsa, which join together for this incredible event). Although this is a joint project, much of the curriculum and programming is designed (over an entire year) by a team of youth pastors who specialize in Student Ministry.

REGISTRATION INFORMATION — DISCIPLE 2017

CHURCH NAME: _____

PARTICIPANT INFORMATION (please print):

☐ **CAMPER** ☐ **ADULT** ☐ **SIT** ☐ **DT**

NAME: _____		GENDER: M / F		DOB (MM/DD/YY) _____	
Hm Address: _____		City: _____	ST: _____	ZIP: _____	
Grade Fall 2017: _____		Adult t-shirt Size: XS S M L XL XXL (Circle one)			
2 People (same gender & grade) that you would like in your small group.					
1) _____		2 _____			

PARENT/GUARDIAN INFORMATION (please print):

Adult(s) living in your house: Mom Dad Mom/Dad Mom/Stepdad Dad/Stepmom Grandparents Other: _____		
Female) _____ Male) _____		
Parent email: _____		
PHONE NUMBER INFO of Parents/Guardians:		
Home: _____		
Female wk: _____	Male wk: _____	Other wk: _____
cell: _____	cell: _____	Other Cell: _____

CONTACT INFORMATION (in case parent/guardian cannot be contacted) (please print):

NAME: _____		RELATION TO STUDENT: _____	
HOME PHONE: _____		CELL PHONE: _____	WORK PHONE: _____

INSURANCE INFORMATION (please print):

NAME OF POLICY HOLDER: _____		ID #: _____
COMPANY: _____	Group # _____	Phone: _____
PHYSICIAN: _____		OFFICE PHONE: _____

I give my permission for _____ to take part in Disciple 2016. In the event that he/she is injured or ill during participation, I do hereby authorize any necessary examination, anesthetic, dental, or surgical diagnosis or treatment by a duly licensed physician or dentist at a hospital licensed by the state of Oklahoma. I authorize the physician or dentist to call in any necessary consultants at his/her best judgment as to the requirements of such diagnosis or medical, dental, or surgical treatment. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those who have temporary custody of the minor, and said physician, dentist or hospital, to exercise his/her best judgment.

I consent to the use of this camper's image or voice in photographs, audio and/or video recording taken during the course of this camp for the purpose of publicizing Disciple Camp.

Parent/Legal Guardian Name Print Parent/Guardian Signature Date

For Disciple participants over the age of 18, all statements above apply to adult signees.

OFFICIAL USE ONLY—ADULT & SIT FORMS

This ADULT or SIT has passed a background check submitted and paid for by the church with which he/she is participating .
____ Yes ____ No

Signature of Youth Director: _____ Date: _____

MEDICAL INFORMATION — DISCIPLE 2017

Participant's Name _____ Church _____

MEDICAL INFORMATION (please print):

Is this participant on any prescription medication? _____ (Please list in section below)

PLEASE LIST ANY MEDICAL CONDITIONS, INJURIES, ALLERGIES (Medicine or Food):

All non-prescription medication must be turned in to the camp nurse upon arriving to camp. It must come in original packaging and labeled with full name, church, and dosage. We will also have non-prescription meds in our nurse's station for necessary use. By signing below you are giving permission that we may administer non-prescription medication and first aid to the student as needed. **If there are ANY medications on the list below that you wish not be given to your child, please check "NO".**

All prescription medication must be turned into the camp nurse upon arriving to camp along with this form completed with: full name, name of medication, dosage, and parent signature. By signing below in prescription medication box you are agreeing that the camp nurse has permission to administer the prescribed medicine that is provided. **All prescription medicine must come in container labeled by a pharmacist and physician.**

Non-prescription Medication Provided by camp:	No
Acetaminophen	
Antacids	
Antibiotic Ointment	
Benadryl Cream	
Calamine lotion	
Hydrocortisone Cream	
Hydrogen Peroxide	
Ibuprofen	
Laxative	
Saline Eye Drops	
Sting Relief Wipes	
Throat Lozenges	
Vaseline/ Petroleum Jelly	
Sudafed	
Pepto-Bismol	
Dramamine	

I authorize the appropriate personnel of Disciple Camp to administer to my child medication as describe below:

Full Name: _____

Name of Medication:

1. _____
2. _____
3. _____

Time of Day

Breakfast, Lunch, Dinner, or Bedtime

1. _____
2. _____
3. _____

Amount to be given:

1. _____
2. _____
3. _____

Parent or Guardian Name (PLEASE PRINT) _____

Parent or Guardian Signature _____

Parent Signature _____

Date _____



Heart O' Hills Camp and Conference Center Challenge Course Acknowledgement of Risk Informed Consent and Release Form

Any person using the Ropes Challenge Course (High or Low) must sign this release form.
Please present this completed form to Heart O' Hills instructor.

Name of organizing group and date of use

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I understand and acknowledge that ropes course activities and all other experiential activities involved with this program have risk. The activity I am about to engage in voluntarily, bears certain risks which could result in injury, death, or damage to my property. These activities will be similar to a very active day of recreational activities. They are designed to be safe. Each activity will be explained by staff and safety systems will be used when appropriate. Some activities will take place at heights up to 50 feet and require normal physical exertion. I will have choice regarding my participation. I will not be required to participate against my wishes nor will I be able to participate if I am under the age of 10. I understand, acknowledge and hereby accept and assume all responsibility and risk arising from my voluntary participation in this activity.

I have read this section, and **initial** to show that I understand and agree: _____

RELEASE OF LIABILITY

I agree that I will not sue or otherwise make any claim against The Salvation Army, its agents, employees, and contractors for any and all injury, death, illness or disease, and damage to my personal property arising out of, or are in any way connected with my participation in this activity.

I have read this section, and **initial** to show that I understand and agree: _____

MEDIA RELEASE

I understand that I (or my child) will be photographed or videotaped for general company, website, and/ or agency publicity.

I have read this section, and **initial** to show that I understand and agree: _____

MEDICAL CHECK

Do any of the following medical conditions apply to the participant? (Please explain if yes to any question)

Heart Condition*	No	Yes	_____
Are you Pregnant*	No	Yes	_____
Back or Neck Injuries	No	Yes	_____
Allergic reactions	No	Yes	_____
Knee, bone or Joint Injuries	No	Yes	_____
Epilepsy* Seizure* or Asthma	No	Yes	_____
Recent Surgeries	No	Yes	_____
Currently taking medication	No	Yes	_____

* Participants must have a medical doctor's written permission to participate if he or she has answered yes to any of these questions.

Name of Participant: _____ Height: _____ Weight: _____
Address: _____ City: _____ State: _____
Age: _____ Birth Date: _____ Sex: _____ Phone Number: _____
Emergency Contact Name and Phone Number _____

ENTIRE AGREEMENT

I understand that this is the entire agreement between myself and The Salvation Army, its agents, employees, and contractors and that it cannot be modified or changed in any way by the representation or statements of any employee or agent of The Salvation Army or by me. My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN (If participant is under age 18)

DATE _____