



2010 SPRING RECHARGE REGISTRATION FORM

OFFICE USE ONLY

Date Rcv'd _____
Check # _____ CC _____
Amt \$ _____
Staff Sign-off: _____

Deposits of \$30 must accompany registration forms. **Deposits are non-refundable.**

Send completed forms to 1203 Inwan St. Milford, IA 51351 Call 1.800.656.2654 or email registrar@okoboji.org with questions.

Name: _____ Birth date ___/___/___ Age: _____ M / F

Address: _____ City: _____ ST: _____ Zip: _____

Parent Name: _____ Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Emergency Contact: _____ Phone: (____) _____

Home Church & City: _____ E-Mail _____

RECHARGE RATE: \$69 PER CAMPER

If this is your first time coming to a recharge, we welcome you with a special rate of \$59.

A deposit of \$30 is required.
The deposit is non-refundable.

Payment Information

- Check for full payment is enclosed
- Please bill my credit card for the full payment

Credit card number _____ Expiration Date _____

Name as it appears on the card _____ Billing address of card _____

- My deposit only is enclosed
- Please bill my credit card for the \$30 deposit (complete credit card info above)
 - I will pay the balance upon arrival
 - Please bill my church below for balance

Church Name _____ City, State _____

For the Parent or Guardian: I give my permission for this child to participate in the Recharge and agree to provide the camp in advance the information concerning any physical or dietary restrictions and/or limitations. I hereby give permission to the medical personnel selected by the camp to secure and administer necessary medical treatment in case of an emergency. I also grant permission for photos taken of my child to be used in camp publications.

Signature _____

Printed Name _____ Date ___/___/___



**WE LOOK FORWARD TO
HAVING YOU AT THE
RECHARGE!!**

FOR MORE INFORMATION, PLEASE VISIT

WWW.OKOBOJI.ORG OR

CALL 1-800-656-2654

CHECK THE BOX NEXT TO THE WEEKEND YOU WISH TO ATTEND

- MARCH 26-28 6TH-12TH GRADE
- APRIL 9-11 6TH-12TH GRADE
- APRIL 16-18 6TH-9TH GRADE
- APRIL 23-25 4TH-6TH GRADE

The following information is required for your child's safe participation at camp.



REGISTRATION IS INCOMPLETE UNTIL THIS INFORMATION IS PROVIDED.

Height: _____ Weight: _____ Are immunizations current? Y / N
Date of last tetanus shot: _____

ALLERGIES: (please list specific allergies under the following categories)
Environmental _____
Medication (penicillin, etc.) _____

Food: _____
Other: _____
Please list any past medical treatment: _____

Chronic or recurring illness or medical condition that may affect camp life: _____

Dietary restrictions : _____

Medications—Please list names and dosages or attach separate detailed list: _____

All medicine MUST be brought in original container.

May acetaminophen/ibuprofen be administered as needed? Y / N

INSURANCE INFORMATION:

Insurance Co. _____

Policy # _____

Company Address & Phone #: _____

Policy Holder's Name _____

Family Doctor _____

Dr. Phone# _____

HISTORY: (Check and give approximate dates of items if known)

- ___ frequent ear infections
- ___ heart defect/disease
- ___ convulsions
- ___ diabetes
- ___ bleeding disorders
- ___ hypertension
- ___ mononucleosis
- ___ chicken pox
- ___ measles
- ___ German measles
- ___ mumps
- ___ hay fever
- ___ ivy poisoning, etc.
- ___ insect stings
- ___ penicillin
- ___ asthma
- ___ other drugs

ARRIVE AND REGISTER: FRIDAY, 8:00-10:00PM

DEPART: SUNDAY, 12:30PM