



# Summer Fun 2017

Application Form  
vcstulsa.org

VCS Building

7700 S. Lewis Ave.

Tulsa, OK 74136

(918)491-7753

fax (918)499-4542

Charlie Beckham – Director sbeckham@victory.com  
Krystal Patrick – Asst. Director kpatrick@victory.com

To reserve your space, a \$35 deposit per child or \$50 deposit per family is requested immediately upon registration. This is **non-refundable and non-transferable**. Please mail your payment to the address above or call 918-491-7721 to make a debit or credit card transaction. After completing this form, please go to file, save and send; which will attach to an email to send to the proper authorities. Incomplete forms will not be accepted.

## A. CHILD INFORMATION *Please double click on the boxes that apply:*

<input type="checkbox"/> New Camper	<input type="checkbox"/> Former Camper	Last Year attended:	School Attending:
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<b>1<sup>st</sup> Child: Name</b>	<b>Last Name</b>	<b>Nick Name</b>	<b>T-shirt Size Y-Youth A-Adult</b>
		<input type="checkbox"/> YXXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YLG <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> ALG <input type="checkbox"/> AXLG <input type="checkbox"/> AXXLG	
<b>Gender</b>	<b>Age</b>	<b>Birthday (mm/dd/yy)</b>	<b>Grade (going into)</b>
<input type="checkbox"/> Boy <input type="checkbox"/> Girl		/ /	
		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

  

<b>2<sup>nd</sup> Child: Name</b>	<b>Last Name</b>	<b>Nick Name</b>	<b>T-shirt Size Y-Youth A-Adult</b>
		<input type="checkbox"/> YXXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YLG <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> ALG <input type="checkbox"/> AXLG <input type="checkbox"/> AXXLG	
<b>Gender</b>	<b>Age</b>	<b>Birthday (mm/dd/yy)</b>	<b>Grade (going into)</b>
<input type="checkbox"/> Boy <input type="checkbox"/> Girl		/ /	
		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

  

<b>3<sup>rd</sup> Child: Name</b>	<b>Last Name</b>	<b>Nick Name</b>	<b>T-shirt Size Y-Youth A-Adult</b>
		<input type="checkbox"/> YXXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YLG <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> ALG <input type="checkbox"/> AXLG <input type="checkbox"/> AXXLG	
<b>Gender</b>	<b>Age</b>	<b>Birthday (mm/dd/yy)</b>	<b>Grade (going into)</b>
<input type="checkbox"/> Boy <input type="checkbox"/> Girl		/ /	
		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

  

<b>Home Address</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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## B. PARENT INFORMATION *Please complete and X in the boxes that apply:*

Single Parent Household:  Yes  No    Type of Custody:  Joint  Father Only  Mother Only  Other  Court Documents  
If *Other* please explain:

<b>Father's First Name</b>	<b>Father's Last Name</b>	<b>Father's Employer</b>
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<b>Father's Cell Number</b>	<b>Father's Home Number</b>	<b>Father's Work Number</b>	<b>Father's Email</b>
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<b>Mother's First Name</b>	<b>Mother's Last Name</b>	<b>Mother's Employer</b>
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<b>Mother's Cell Number</b>	<b>Mother's Home Number</b>	<b>Mother's Work Number</b>	<b>Mother's Email</b>
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<b>Legal Guardian's First Name</b>	<b>Legal Guardian's Last Name</b>	<b>Legal Guardian's Employer</b>
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<b>Legal Guardian's Cell Number</b>	<b>Legal Guardian's Home Number</b>	<b>Legal Guardian's Work Number</b>	<b>Legal Guardian's Email</b>
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## C. APPROVED PICK UP LIST: *Please complete:*

<b>First Name</b>	<b>Last Name</b>	<b>Phone Number</b>	<b>Relation</b>
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- 1.
- 2.
- 3.
- 4.

**D. EMERGENCY INFORMATION:** Please complete and X in the boxes that apply:

**Medical Insurance**

Do you carry Family Medical Insurance:  Yes  No

Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Group Policy Holder: \_\_\_\_\_ Name on Policy: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Secondary Emergency Contact**

In case of an emergency, Summer Fun authorities will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary contact person whom we can contact.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Due to the nature of activities at Summer Fun, full disclosure concerning your child/children's medical history must be made in advance. If full disclosure is not made in advance, we will have to refuse services. Children who arrive with a fever, pink eye, or any other communicable disease, undisclosed handicap, or disability will not be admitted.

**E. MEDICAL INFORMATION:** Please X yes or no for each question. If yes, please give approximate dates of occurrences and indicate whether mild or severe.

**Medical Conditions**

Does any child have asthma?  Yes  No Please explain: \_\_\_\_\_

Has any child ever had convulsions?  Yes  No Please explain: \_\_\_\_\_

Does any child have diabetes?  Yes  No Please explain: \_\_\_\_\_

Does any child have a heart defect?  Yes  No Please explain: \_\_\_\_\_

Does any child have any other medical conditions or diseases?  Yes  No Please explain: \_\_\_\_\_

**Medications**

Does any child take any prescription medications?  Yes  No Please list: \_\_\_\_\_

What is the reason for taking the above medications? Please explain: \_\_\_\_\_

Does your child have any allergy to medications?  Yes  No Please list: \_\_\_\_\_

**Allergies:**

Is your child allergic to peanuts?  Yes  No How severe? Circle one - Mild, moderate, or severe

Is your child allergic to red dye?  Yes  No How severe? Circle one - Mild, moderate, or severe

Is your child lactose intolerant?  Yes  No How severe? Circle one - Mild, moderate, or severe

Does any child have any other allergies?  Yes  No How severe? Circle one - Mild, moderate, or severe (food, animals, insects, etc.) Please list: \_\_\_\_\_

**Limitations:**

Does any child have any physical limitations?  Yes  No Please explain: \_\_\_\_\_

Has any child had psychiatric treatment?  Yes  No Please explain: \_\_\_\_\_

Does any child have mental limitations?  Yes  No Please explain: \_\_\_\_\_

Are there any activities that your child should be restricted from?  Yes  No Please explain: \_\_\_\_\_

**Other Details:**

Are immunizations current for your child/children?  Yes  No

Are there any behavioral issues that we should know about your child/children?  Yes  No Please explain: \_\_\_\_\_

Is there any additional information that might be helpful?  Yes  No Please explain: \_\_\_\_\_

**This form must be signed by the child/children's parent or legal guardian.**

As the parent or legal guardian of the child/children, I authorize the child/children to attend Summer Fun and to engage in all activities, including water sports, outdoor activities, and strenuous activities. If the staff of Victory Summer Fun believes that the health or life of the child is endangered by a medical emergency and the parent or legal guardian cannot be contacted, the staff is authorized to release the child to emergency medical care providers including ambulance service, hospitals, and doctors to provide whatever medical treatment they determine is necessary to protect the health and safety of the child. It is understood that this consent is given in advance of any medical emergency to encourage those persons who have temporary custody of the child to promptly seek emergency medical treatment. This consent shall remain effective for the duration of the child's time at VCS Summer Fun unless sooner revoked in writing by the parent or legal guardian. Therefore I agree, personal and on behalf of the Minor/Minors to release Victory Christian School, their representatives and employees, (collectively "Summer Fun") from all the liability for harm to Minor or Minor's personal property resulting directly or indirectly from Minor's participation in Summer Fun, even if Summer Fun is negligent and to indemnify VCS against all liability and costs for treatment, medical bills including, but not limited to hospital, doctor, or ambulance fees.

Signature of Parent or Legal Guardian

Print Name

Date