

CHURCH DETAILS:

Attending Church:

Pastor's Name:

City:

State: Zip: Phone:

COLLEGE/SCHOOL INFORMATION (ICPF SENIORS PLEASE SKIP THIS SECTION)

Institution Name

City:

State: Zip:

Year: Freshman Sophomore Junior Senior Grade if in School

Major:

SPOUSE/CHILDREN INFORMATION (STUDENTS PLEASE SKIP THIS SECTION. SENIORS FILL ONLY IF ATTENDING AS A FAMILY)

Spouse's Name

Children's Name: 1 Age:

2 Age:

3 Age:

TRAVEL INFORMATION:

Are you: Flying Bus Driving* You want Transportation from Oklahoma Dallas Houston

Flight Info: Airline: Flight #: Arrival Date: / / Time: am pm

Do you need to be picked up from the airport? Yes No

**If you are driving, personal use of cars will not be allowed until camp is dismissed (EXCEPT SENIORS).*

IMPORTANT MEDICAL INFORMATION:

Health Insurance Carrier: Policy/Group #:

CHRONIC & RECURRING CONDITION: (CHECK ALL THAT APPLY)

<input type="checkbox"/> Asthma/Respirator Problems	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Frequent Headaches
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Nosebleed	<input type="checkbox"/> Fainting
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Special Dietary Regimen	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Other (Explain) <input type="text"/>	

Current Medication:(i) Needed during Camp? Yes No

(ii) Needed during Camp? Yes No

APPLICATION AUTHORIZATION/DAMAGE DISCLOSURE (Please read carefully & Sign):

I authorize ICPF to consent to medical treatment to my child when needed. I understand that every effort will be made to contact me regarding medical attention given to my child and it is my responsibility for any bills. I also understand that participants of "AWAKE 2010" camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible. Students must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that each student should obey and adhere the camp's security policies. **Any failure will result in immediate expulsion from the camp.**

Student's Signature Parent's Signature Pastor's Signature Date

OFFICIAL USE ONLY (Do not Write Here):

Application No:		Date Received:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Amount Received:	\$ <input type="text"/>	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # <input type="text"/>	Balance:	\$ <input type="text"/>
Room Allotted:		Cross Reference #:	<input type="text"/>		
Comments:	<input type="text"/>				