Any allergies we need to be aware of: ___

FREE Christ-Centered Camp for Boys ages 6-11.

These camps are an excellent introduction to outdoor skills. They pack the most experience into the least amount of time. This is outdoor adventure being used as a primary method of helping boys to experience God.

| Please indicate which camp your son would like to attend: (Scheduled during Oklahoma City Public Schools Spring & Fall Breaks) | | |
|--|----------------------------------|--|
| ☐ Spring Break: | March 21-23, 2024 | |
| ☐ Fall Break: | October 17-19, 2024 | |
| Camp Info: | | |
| Camps will be held at Bethel Foundation . Check in time is 9:00am on Friday and pick up time is Noon on Sunday following the $11:00$ am church service on the grounds \sim Parents are invited! Must show photo ID when you pick up your child. | | |
| To register, return this form to Bethel Foundation, 13003 N. Western, Oklahoma City, OK 73114. | | |
| Camp Activities: | | |
| Camping out in tents & sleeping bags Roasting Marshmallov Archery Top Golf | Football | Building Bird HousesFishingCamp Fire StoriesBible Study |
| Yes, we want to be part of Boys Camping! ★ Parent must provide transportation ★ | | |
| Has your child attended Camp Sonlight in the past? YESNO | | |
| (Please Print) | | |
| Child's Name: | | Age: |
| Date of Birth: | Grade entering next school year: | |
| Family contact name: | | Phone Number: |

SPACE IS LIMITED TO 30 CHILDREN. We encourage you to return the form as soon as possible as the camp will fill up quickly. We will begin a waiting list if necessary.

† Camp Sonlight † Release Form

Parent/Guardian Information: (Please Print) Name: ______ Phone Number: ____ Full Address: In the case you cannot be reached, please provide us with two (2) emergency names and numbers OTHER THAN YOURS. (Please Print) Emergency Contact: ______ Phone Number: _____ Emergency Contact: Phone Number: I understand and herby agree to assume all of the risks, which may be encountered by my child (listed above) at Bethel Foundation Camping Events including activities preliminary and subsequent thereto. I do hereby agree to hold Bethel Foundation, its employees and volunteers, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. In the event that my child becomes injured or ill during the camping event, I authorize Bethel Foundation or their representatives to secure first aid and/or the services of a physician or hospital and agree to assume all financial obligations incurred there within. Parent/Legal Guardian Signature Date Parent/Legal Guardian Name (Please Print) I, (PRINT your full name) , herby grant permission to Bethel Foundation of Oklahoma and its affiliates and subsidiaries, including but not limited to the Foundation, to interview, photograph, and/or videotape my minor child, (PRINT child's name) _____, and/or to supervise and others who may do the interview, photograph, and/or videotaping; and/or to use and/or to permit others to use information from the aforementioned interview and/or aforementioned images in promotional activities for Bethel Foundation without compensation. Parent/Legal Guardian Signature Date My Relationship to Minor: _____