



Oakridge Day Camp

8am - 5pm, Monday through Friday - 5 years old and up

Tired of those long summer days that never seem to end? Come and experience what Oakridge Christian Camp has to offer!

Go-Karts · Climbing Wall · Power Bouncers · Swimming Pool & Hot Tub
Confidence Course · Giant Maze · Basketball · Volleyball
Tetherball · Field Games · Human Foosball · Trampoline · Archery & Riflery
Ping Pong Tables · Pool Tables · Foosball · Air Hockey
Box Hockey · Mini-Golf · Frisbee Golf · King Swing · Hiking
Moon Bounce · Ultimate Slip-N-Slide (123 feet downhill!) · Table Games
Giant Chess · Snack Shack · Gift Shop · Baggo Toss · Carpet Bowling
Shuffleboard · Field Trips Each Week · Exciting Daily Bible Studies

Select weeks starting in June - call for details!

COST: \$100 per child per week

Discounts available for Groups, Multiple Children, Multiple Weeks, and previous Day-Campers!

Each week includes 10 delicious meals, fun activities, and exciting Bible-based materials! For more information, contact:

Sarah Cade

Oakridge Christian Camp (Day Camp Registration)

Call our office at: 405.247.5433

Get an online application at www.OakridgeCamp.com





Oakridge Day Camp

Daily Schedule (tentative)

7:45	arrive at Oakridge camp (please, no earlier)
8:00	breakfast at Oakridge
8:30	DEVOTIONS (prayer, Bible study, discussion)
9:15	Chapel or creative learning
10:45	Snack Shack
11:15	Activities & Team Games
12:30	Lunch
1:15	Crafts/Bible activity
2:30	Open Activities
3:30	Snack Shack
3:45	Open Activities
4:45	Share Time and Closing
5:00	Parent Pick-up (promptly!)

One field trip per week is scheduled (usually all day off-site)

Call 405.247.5433 with questions or visit
OakridgeCamp.com



Oakridge Day Camp

Registration Form

Note: Once this form has been filled out, only a verbal request for additional weeks of attendance is required.

Camper's Information — *Children from the same household can register on the same form.*

Full Name: _____ M or F Birthday: _____ Grade: _____ Age: _____

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Circle Week(s) Attending:

1. May 30-June 3	5. June 29-July 1
2. June 6-10	6. July 11-15
3. June 13-17	7. July 18-22
4. June 20-24	8. July 25-29

See www.OakridgeCamp.com for week dates to choose from.

Parent/Guardian Information

Full Name(s): _____ Email: _____

Street: _____ City/State: _____ Zip: _____

Home Phone: _____ Second Phone: _____

Relationship to Camper: _____

If Parent/Guardian cannot be reached, in an emergency contact:

Full Name: _____ Email: _____

Home Phone: _____ Relationship: _____

I give permission for my child to: 1) be transported in vehicles around the Anadarko area, as well as on supervised field trips within a 1 1/2 hour radius of Oakridge Camp; 2) be treated with basic First Aid; 3) fully participate in all Oakridge Day Camp Activities, including swimming at the pool; 4) swim in lake water under supervision.

Parent/Guardian Signature

Date

In order for your child to be registered, please: 1) Fill out and return the following forms to Oakridge: a) registration form; b) medication form; c) release of liability form; d) Camper Guidelines form; 2) Pay the weekly registration fee on or before MONDAY (*discounts available for multiple weeks and groups over 5 people*); and 3) Drop the child off between 7:45 and 8:00am on Monday for a great time! *Please do not drop your child off any earlier than 7:45am. Pick up promptly at 5:00pm!*

Thank you for choosing Oakridge Camp! God bless!

OAKRIDGE OFFICE USE ONLY

PAID: \$ _____ METHOD OF PAYMENT: CASH CHECK M/C VISA # _____ EXP. ____/____

EXTRA SNACK AND GIFT CASH TURNED IN: \$ _____ DATE: _____



OAKRIDGE MISSION STATEMENT & CODE OF ETHICS

Please read this Mission Statement and Code of Ethics carefully and in its entirety; then provide your signature at the bottom of the page.

MISSION STATEMENT

Oakridge Ministries exists to provide Summer Camp, year-round retreats, and local ministry opportunities for people of all ages, with the goals of introducing each person to the saving grace of Jesus Christ, teaching each person the Word of God, and providing Christian ministry and fellowship experiences for everyone.

CODE OF ETHICS

In order to ensure the safety and enjoyment of all campers, the following Code of Ethics is strictly enforced.

Campers are encouraged and expected to:

- {1} Respond to the authority of all Camp Staff
- {2} Abide by the Camp Schedule (exceptions: sickness or injury)
- {3} Not steal or go through others' belongings
- {4} Avoid unacceptable behavior. Any inappropriate acts could result in dismissal
- {5} Respect Camp Property (buildings, equipment, vehicles, grounds, etc.) will result in being responsible for the cost of repair or replacement
- {6} Abstain from alcoholic beverages, illegal drugs, or tobacco products
- {8} Treat other campers in a Christian manner
- {9} Joyfully participate in their Christian Camp experience

I have read and fully understand the guidelines listed above. I understand that if the camper should fail to abide by the guidelines stated, disciplinary action will occur. I understand that disciplinary action may include personal counseling, dismissal from activities, or being sent home at the expense of the parent/guardian.

CAMPER SIGNATURE

DATE

CAMPER SIGNATURE

DATE

CAMPER SIGNATURE

DATE

CAMPER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

MINOR RELEASE FORM

Please read carefully: Every **minor** (any persons under 18 years of age) attending an Oakridge event with activities **must** have a parent/legal guardian fill out this form. If any individual does not turn in a completed Release Form, they will not be able to register or take part in any form of Oakridge recreational activity. *Thank you!*

FULL NAME OF MINOR (FIRST, MIDDLE INITIAL, LAST)	AGE	DATE OF BIRTH (MM/DD/YYYY)	SEX	INSURANCE COMPANY	POLICY NO./INFO

PLEASE PRINT CLEARLY

Please fill out **ONE** form for each **RESIDENCE**. Each minor listed above shall henceforth be known as "Participant(s)."

MINOR'S INFORMATION } Group/Church: _____
 Home/Mailing Address: _____
 Home/Cell Phone: _____ City/State: _____ Zip: _____

PARENTS' INFORMATION } Full name/Relationship: _____
 Home/Cell Phone: _____ Email: _____
 Home/Mailing Address: _____ City/State: _____ Zip: _____
if different from above
 Other Contact: _____ Home/Cell Phone: _____
 Relationship to Participant: _____

The Participant(s) understands the following rules/regulations concerning participation in Oakridge recreational activities:

- {1} NO MINOR may participate in ANY Oakridge activity without a signed Release Form from a parent or legal guardian.
- {2} Any health issues, allergies, reactions, illnesses, medications, treatments, conditions, etc. relevant to the Participant(s) are to be reported in advance; any aforementioned health issues, etc. are to be reported **SEPARATELY** to the group leader responsible for overseeing the Participant(s) while at Oakridge. It is the responsibility of the **ADULTS** and **GROUP LEADERS**, **NOT** Oakridge Staff, to oversee and administer all medications, treatments, etc. to any Participant(s) from their group. Oakridge Camp and/or Staff will not be held responsible for administering or failing to administer any medication, treatments, etc.
- {3} The Participant(s) is in good physical condition and capable of participating in and completing various Oakridge activities. Oakridge offers a wide range of activities, including many high-risk and weapons-related activities such as riflery, archery, waterslide, paintball, Go-Karts, rock- and cliff-climbing, swimming, low elements ropes course, rappelling, water skiing, knee-boarding, etc., as well as transportation in vans, buses, and other vehicles to and from activities.
- {4} The Participant(s) wishes to be accepted for participation in all Oakridge activities, and the Participant(s) acknowledges that some activities will necessarily involve participation in activities which are, by their nature, physically and mentally intense/demanding and subject to possible hazards, not all of which can be foreseen and prevented. The Participant(s) assumes all of the ordinary risks normally incidental to the nature of these types of recreation, including risks and possible injuries which are not foreseeable.
- {5} The Participant(s) hereby releases all rights and claims for damages against Oakridge Ministries, Inc., and its various corporate associations, including its Staff, Directors, Volunteers, and all individuals assisting in instructing and conducting these activities, including the owners and lessors of premises used to conduct any and all activities, from all liability of any nature for any and all injuries, losses, or damages suffered by the Participant(s) at or in any way connected with these injuries, even if arising from the negligence of those persons aforementioned, except that which is the result of gross negligence and/or wanton misconduct.
- {6} In the event of an emergency, the Participant(s) does hereby authorize any X-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist of any hospital service that might be rendered under the general, specific, or special consent of the Oakridge Staff (in the absence of a spouse, Group Leader, or other group representative). The Participant(s) understands that each Participant(s) must provide his/her own health and accident insurance. In the event of an injury or medical need, expenses incurred will be the responsibility of each individual (private pay), individual personal insurance, or group insurance from the sponsoring group and Oakridge only thirdly.

I have read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Legal Guardian Signature: _____ Date: _____

Oakridge Ministries will accept the above typed name as a valid digital signature.

Mailing List: ____
Date Entered: ____/____/____
Support: ____

FOR OFFICE USE ONLY



MEDICATION PERMISSION FORM

CAMPERS: Please turn this form in to your Group Leader. **LEADERS:** Bring a copy of this form, along with any required medications, to Oakridge Camp upon arrival.

I, _____, the parent/legal guardian of _____, give my
NAME OF PARENT/GUARDIAN NAME OF CAMPER

permission for the personnel at Oakridge Christian Camp to dispense the following:

- {1} Tylenol or Advil (or its generic equivalent) to my child(ren) for headache, fever, or minor pain;
- {2} Benadryl or Claritin (or its generic equivalent) to my child(ren) for allergic reactions;
- {3} Tums or Kaopectate (or its generic equivalent) for upset stomach;
- {4} Hydrocortisone Cream or other antibiotic ointment for minor injuries;
- {5} Prescription or other over-the-counter medication designated and produced by the parent/guardian or family physician.

PARENT/GUARDIAN SIGNATURE

If you're using our interactive PDF, Oakridge Ministries will accept your typed name as a valid signature.

DATE

PROVIDED MEDICATION INFORMATION

Name of Child	Name of Medications	Taking Medications For	Reactions to Watch For	Dosage and Times

ALL MEDICATIONS MUST BE TURNED IN AT CHECK-IN!

ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS!



Oakridge Day Camp

Parent Checklist

Please read, complete, and sign the following forms as required. The forms are available by contacting the Oakridge office or by visiting our website at www.OakridgeCamp.com.

- A) Day Camp Registration Form. Select a week from those listed.
- B) Oakridge Minor Release Form
- C) Oakridge Mission Statement/Camper Guidelines
- D) Medication Permission Form

Return the above completed forms, along with total Day Camp payment, to Oakridge:

Mailing Address: Oakridge Ministries
ATTN: Day Camp Registration
RR 3, Box 233
Anadarko, OK 73005

Fax: 405.247.4899

Email: oakridge@oakridgeministries.net

Payment must be mailed, dropped off, or called in on MasterCard or VISA.

Please be prepared to submit all forms not previously submitted at Check-In on Monday AM arrival. Day Camp **STARTS** with breakfast on Monday at 8:00 AM. Pick up at 5:00 PM sharp!

NOTE: Please register your child **NO LATER THAN** the Friday **BEFORE** your week of Day Camp if at all possible, for planning purposes.

Thank you for choosing Oakridge Camp! God bless!



CAMPER INVENTORY

The following is Oakridge Christian Camp's "What to Bring" list. **GROUP LEADERS**, please copy this list and give it to your group members. **NOTE: some items listed are intended for Children's and Youth Events.**

"WHAT TO BRING" CHECKLIST

- RELEASE FORMS.** Every **MINOR** must have a Minor Release Form signed by their parent/guardian to be on the premises and to engage in any activity at Oakridge. Every **ADULT** must also sign an Adult Release Form.
- A POSITIVE ATTITUDE.** Everyone should bring a positive attitude to fully enjoy their rest, relaxation, recreation, and refreshment.
- BEDDING.** If you're staying in the **DORMS**, you'll need to bring sheets, blankets, pillows, or sleeping bags. If you're staying in Oakridge's **COMFORT ROOMS**, the pillows, blankets, bedspreads, linens and towels are provided; these items are available for rent in other **LODGES** as needed.
- PERSONAL TOILETRIES.** Toothpaste, toothbrush, comb, hairbrush, deodorant, cologne or perfume, soap, towels, contact lenses and solution, glasses, feminine items, alarm clock, etc.
- CLOTHING.** Remember to bring sufficient changes of undergarments and socks and clothing for all activities you will be engaging in; please remember (**GIRLS ESPECIALLY**) to be mindful of modesty.
- BIBLE & NOTEBOOK.** For Christian Camps/Retreats; remember to bring other learning and retreat materials as well.
- MONEY.** For recreation, Snack Shack, and Gift Shop items.
- SWIMSUIT.** Girls, please be **MODEST**. We recommend T-shirts be worn over revealing tops.
- OTHER ITEMS.** Flashlight, umbrella, personal books to read, camera, chargers, cell phone, etc.
- INSURANCE INFORMATION.** Personal and/or group; insurance **IS NOT PROVIDED** by Oakridge.
- MEDICATION.** Have your group leader dispense any necessary medications.

"WHAT NOT TO BRING" CHECKLIST

- A NEGATIVE ATTITUDE.** Oakridge Camp is **NOT** the Hilton Hotel, but our Staff will strive to make your stay as comfortable as possible. Let's all leave complaining behind!
- FOOD AND SNACKS.** Oakridge Camp provides 3 delicious meals a day, and a full-service Snack Shack. Outside meals or snacks brought onto the property are discouraged.
- PRACTICAL JOKE GEAR.** Things like water balloons, shaving cream, etc., can cause damage to property and to people's feelings, if you aren't careful. Any organized "battles" can be planned through your group leader, in cooperation with Oakridge, but **MUST** be outside.
- APPLIANCES AND ELECTRONICS.** No microwaves, refrigerators, or other appliances; radios, CD players, televisions, portable gaming systems, etc., are discouraged to allow for more interpersonal interaction.
- PETS.**
- RECREATION EQUIPMENT.** Oakridge provides a wide range of equipment, so you probably will not need anything. Call Oakridge at **405.247.5433** if you have any questions.
- ALCOHOL, ILLEGAL DRUGS, TOBACCO PRODUCTS.** Those **ADULTS** who choose to smoke, dip, or chew tobacco while at Oakridge may do so **OUTSIDE** in designated areas, being mindful of fires.
- INAPPROPRIATE CLOTHING.** Clothing that is immodest, revealing, too tight, and suggestive of sin or promotes anti-Christian lifestyles are not allowed. **GIRLS: PLEASE NO PANTS WITH WRITING ACROSS THE BOTTOMS, NO LOW-CUT TOPS, NO SHORT-SHORTS, NO SPAGHETTI STRAPS, ETC.**
- UNAUTHORIZED FIREARMS, KNIVES, ARCHERY, OR OTHER WEAPONS.**



Oakridge Day Camp

Rates

Individual	Attending 1 or 2 weeks	Attending 3 or 4 weeks	Attending 5 or 6 weeks	Attending 7 or 8 weeks
1 child	\$100	\$95	\$90	\$85
2 children (same family)	\$95	\$90	\$85	\$80
3 or 4 children (same family)	\$90	\$85	\$80	\$75
Group (any family)	1 or 2 weeks	3 or 4 weeks	5 or 6 weeks	7 or 8 weeks
5-9 children	\$85	\$80	\$75	\$70
10-14 children	\$80	\$75	\$70	\$65
15-20 children	\$75	\$70	\$65	\$60
20+ children	\$70	\$65	\$60	\$55

Did you attend Oakridge Day Camp last year? Take \$5 OFF your first week's rate!
Daily rate? \$25 per camper per day.

Rates are paid week to week for the full week, even if multiple weeks are desired. No refunds or partial week payments. Call 405.247.5433 for registration information or get your application online at www.OakridgeCamp.com.

Thank you for choosing Oakridge Camp! God bless!