

NAME _____

_____ Male _____ Female _____

ADDRESS _____ City _____ Zip _____

GRADE THIS FALL _____ HOME CHURCH _____

I will in no way hold the Camp Management responsible for any accident that might befall the applicant. In case of emergency from accident or illness, you have my permission to seek medical aid for my child or myself. I understand that the camp insurance is secondary insurance and does not cover illness. I authorize Oil Belt camp to use any pictures, videos, or slides as may be needed for its records or public relations programs.

Signature of parent or guardian _____

Oil Belt Camp 555 Park Road Flora, IL 62839

NAME _____

_____ Male _____ Female _____

ADDRESS _____ City _____ Zip _____

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