



BOY'S CAMP - JUNE 3RD - 5TH

CAMP REGISTRATION FORM



COST FOR EACH PARTICIPANT IS \$275.00. THIS INCLUDES WORLD-CLASS INSTRUCTION, FOOD, AND LODGING (2 NIGHTS). THIS PRINTED APPLICATION AND A DEPOSIT OF \$100.00 MUST BE RECEIVED BY MAY 15, 2024. FINAL PAYMENT IS DUE UPON CHECK-IN. ANY APPLICATION WITHOUT DEPOSIT WILL NOT BE PROCESSED.

TO REGISTER:

Fill in the form below and mail with deposit to:

Trinity Fellowship
 PO Box 452
 Sayre, OK 73662

Cancellation/Refund/Late Arrival Policies:

You must notify Trinity Fellowship at least 5 working days before the event in order to be eligible for a refund. No refunds will be given for late cancellations or no shows. There is a \$10 handling fee for all cancellations and refunds. Questions? Call 580-928-2345

APPLICANT INFORMATION (Please complete a separate form for each applicant)

Name (First)	M.I.	Last	Age	Birthday
Address		City	State	Zip
Emergency Contact Name			Emergency Contact Phone	

EVENTS - Applicant may enter only ONE event. Limit 15 in each event. 1st come 1st serve (check the box next to the event desired)

ROUGH STOCK

- 6 to 8 CALF RIDING
- 9 TO 11 STEER RIDING
- 12 TO 16 JR BULL RIDING
- 12 TO 16 BAREBACK RIDING
- 12 TO 16 SADDLE BRONC RIDING

TIMED EVENTS

- 9 TO 11 CALF ROPING
- 12 TO 16 TIE-DOWN ROPING
- 16 & UNDER TEAM ROPING - HEADING
- 16 & UNDER TEAM ROPING - HEELING

All entrants, please check the appropriate skill level: Beginner Intermediate Advanced

T- SHIRT SIZES Please check one box next to applicant's size. *Form must be received by May 15, to guarantee a shirt*

Youth Sizes Small Medium Large **Adult Sizes** Small Medium Large
 XL 2X 3X

STALLS ARE AVAILABLE ON THE PREMISES THAT CAN BE RESERVED AT \$25.00 PER NIGHT (INCLUDED 2 BAGS OF SHAVINGS) ONLY ONE HORSE IS ALLOWED PER PARTICIPANT. IF NEEDED PLEASE CIRCLE THE NUMBER OF NIGHTS

0 - 1 - 2 - 3

MEDIA RELEASE/AGREEMENT (all boxes here must be checked for this registration to be processed)

- I AGREE TO BE PHOTOGRAPHED BY COC STAFF AND PHOTOGRAPHERS FOR PROMOTIONAL PURPOSES
- I AGREE FOR PICTURES/VIDEOS OF MYSELF/THE PARTICIPANT TO BE USED ON TRINITY OUTREACH PROJECTS, INC FACEBOOK PAGE(S).

**This form includes four pages that must be filled out accurately and in entirety to be accepted*

PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT,
AGREEMENT TO PAY FOR EMERGENCY TREATMENT, RELEASE OF
CLAIM FOR FUTURE ACCIDENTAL INJURIES OR DEATH BY INDIVIDUAL
PARTICIPATING IN ANY OF THE FOLLOWING:

APPLICANT INFORMATION (Please complete a separate form for each applicant)				
NAME (first)	M. I.	Last	Age	Birthday

- Camp of Champions - Rodeo Activities**
- Independent Roping**
- Independent Bull Riding**
- Independent Barrel Racing**

I, _____, acknowledge that I have voluntarily applied to participate in the activities marked above at Trinity Outreach Projects, INC. in Sayre, Oklahoma.

I AM AWARE THAT THE ACTIVITY MARKED ABOVE IS A HAZARDOUS ACTIVITY AND AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ACCPET ANY AND ALL RISK OF INJURY OR DEATH.

_____ (INITIALS)

I further agree and do hereby grant and duly authorize permission to any adult associated with Camp to administrate first-aid and/ or seek medical attention for myself/my child if and when such attention is deemed necessary. I, as a parent or legal guardian, also agree to pay for all such emergency medical expenses deemed necessary by an adult from the Camp.

As lawful consideration for being permitted by Trinity Outreach Project, Inc. or one of its affiliated organizations to participate in this activity and use their facilities, I agree that I, my heirs, distributes, guardians, legal representatives and assigns will not make claim against, sue, attach the property of, or prosecute Trinity Outreach Projects, Inc., or any of its affiliated organizations for injury or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of Trinity Outreach Projects, Inc. or its affiliates, as a result of my participation in this activity. In addition, I release and discharge Trinity Outreach, Inc. and its affiliate organizations from all actions, claims or demands I, my heirs, guardians, legal representatives or assigns now have or may have later for injury or damage resulting from my participation in the activity marked above.

I HAVE CAREFULLY READ THE AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TRINITY OUTREACH, INC. AND ITS AFFILIATED ORGANIZATIONS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Dated this _____ day of _____, 20 ____

Signature of Participant
Address: _____

Witness

Parent/Guardian Signature

Witness

Camp of Champions

Baptism Permission Form

I, _____, parent of _____ **do**
give my permission for my child to be baptized at the Camp of Champions should he/
she make a decision to accept Christ as Savior.

Signed _____

My child, _____, does **not** have my permission to be
baptized at the Camp of Champions.

Signed _____

My child, _____, has **already** been baptized.

Signed _____