



GIRL'S CAMP - JUNE 2nd - 4th

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 16, 2025. 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 _____

Emergency Contact Name _____

Emergency Contact Phone _____

EVENTS - Applicant may enter only ONE event.

Spots are limited, 1st come 1st serve . **Circle event desired.**

Barrel Racing

Goat Tying

Pole Bending

Break-Away Roping

SKILL LEVEL- Instructors will group applicants according to skill level. Please **circle** the skill level that applies to the applicant.

Beginner

Intermediate

Advanced

T- SHIRT SIZES Please **circle** applicant's size. *Form must be received by May 16, to guarantee a shirt*

Youth Sizes

Small

Medium

Large

Adult Sizes

Small

Medium

Large

XL

2X

3X

This packet included 4 pages and must be filled out accurately and in it's entirety to be accepted and processed.

Camp Registration

MEDIA RELEASE/AGREEMENT

(ALL lines must be initialed for this registration to be processed)

____ I AGREE TO BE PHOTOGRAPHED BY COC STAFF FOR PROMOTIONAL PURPOSES.

____ I AGREE FOR PICTURES/VIDEOS OF MYSELF/THE PARTICIPANT TO BE USED ON TRINITY OUTREACH PROJECTS, INC FACEBOOK PAGES.

STALLS

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 YOU NEED A STALL.

If you do not need a stall please circle 0

0 - 1 - 2 - 3

Please list all nights you will be needing a stall. (If you are bringing your horse in the night before registration that is your start date)

Trailer Hookups & Overnight Campers: There will NOT be RV or trailer hookups available on the campgrounds except for instructors. There are trailer/camper hookups available at the Sayre City Park, and Bobcat Creek RV Park in Sayre.

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MEDICAL EMERGENCY AGREEMENT

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 _____

Address: _____

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 _____

Witness _____ Witness _____

Parent/Guardian Signature: _____

Must have TWO WITNESSES for this form to be valid. Witnesses can be anyone besides the parent who is signing this document.

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Camp of Champions

Baptism Permission Form

In previous years at the Camp of Champions, many young boys and girls have given their lives to Jesus. On the last day of each camp we have a baptism service for those desiring to be baptized as a result of their salvation. It is one of the highlights of the Camp for instructors, parents and campers. We would never undermine your authority as a parent, so we would need your permission to baptize your child, should he/she make a salvation decision.

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 _____

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