

Calling All Clowns!

Join us for the 18th Annual Camp Funnybone!



Camp Funnybone is a five day camp that takes performing arts to a new level. This unique camp expands the imagination, teaches kids to use laughter as a coping tool, and helps them realize they can be whatever they set their hearts & minds to be.

What Will Be Taught?

- Magic
- Improvisation
- Mime
- Costume Design
- Kazoo Band
- Balloon Animals
- Clown Make-Up
- Team Building



What We Provide:

- Snacks and Lunches
- Make-up
- Magic Equipment
- Costume
- Personal Instruction
- Graduation Certificate
- Lots of Laughs
- FUN

Where is Camp Funnybone?

Heritage Hall—1800 NW 122nd St., Oklahoma City
Camp will be in the Hendricks Upper School (Pyramid Bldg).

When is Camp Funnybone?

June 23rd—June 27th, 2009
8:30 a.m.—3:00 p.m.

Who Can Come to Camp Funnybone?

Boys & Girls aged 6-14

How Much Does It Cost?

\$175 per child

Limited Scholarships Available

Call Joycelyn Wiggins at 717-9873 for registration information!



INTEGRIS
Health.

Camp Funnybone is brought to you by INTEGRIS Health & Heritage Hall
In cooperation with the National Clown & Laughter Hall of Fame



CAMP FUNNYBONE REGISTRATION

Parent's Name _____

Child's Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent's Daytime Phone _____ Evening _____

School Child Attends _____

**REGISTRATION IS \$175 PER CHILD.
REGISTRATION DEADLINE IS FRIDAY, JUNE 5,
2009**

Please return payment and this page to:



Joycelyn Wiggins
5100 N. Brookline, Suite 800
Oklahoma City, OK 73112
For additional information, please call 717-9873

This camp is limited to 125 campers and will be filled on a first come first served basis.

Each child will receive a Camp Funnybone t-shirt, please select the size. (Child sized t-shirt)
Circle Size S M L XL

I have enclosed my check for \$_____ made payable to
INTEGRIS Health Community Services.

Credit Card Payment Information:

Please charge \$_____ to my credit card.

Name as it appears on card (please print)

Card Number _____

Type of Card _____

Expiration Date _____

Signature _____

Special needs or information we may need to know about your child:

Camp Funnybone

Return this form to:
INTEGRIS Health
5100 N. Brookline, Suite 800
Oklahoma City, OK 73112

Date _____

Scholarship Application

The Board of Directors of The National Clown and Laughter Hall of Fame, in an effort to evaluate all scholarship applicants fairly, requests the following information. Please fill out each item completely. Where an item does not pertain to your situation, please indicate with N/A. This information will be used only to judge financial need and will be held in the strictest confidence.

Camper's Name _____ Birthdate _____ Age _____

Grade (Next Sept.) _____ School _____

Has camper previously attended Camp Funnybone? _____ which year(s)? _____ how was tuition paid? _____

Person Making Request:

Name _____ Relationship to camper _____

Address _____
(street) (city) (state) (zip)

Home telephone number _____ Office telephone number _____

Employer _____ Occupation _____

Social Security Number _____

Gross Income Monthly From Above Employer \$ _____

Monthly Child Support Payments \$ _____

Other Income (please explain) (spouse info. next page) \$ _____

TOTAL (Monthly) \$ _____

Please include some proof of claimed income. (check stub or tax return)

If you cannot show us proof of income, please tell us why _____

Other family members dependent on income:

(name) (relationship to camper) (age) (name) (relationship to camper) (age)

(name) (relationship to camper) (age) (name) (relationship to camper) (age)

Spouse _____ Home telephone number _____

Address _____
(street) (city) (state) (zip)

Social Security Number _____ Occupation _____

Employer _____ Office telephone number _____

Gross Income Monthly From Above Employer \$ _____

Other Income (please explain) \$ _____

TOTAL (Monthly) \$ _____

Is your spouse living in the home? _____ Is he or she willing to contribute toward the camp fee? _____

If yes, how much? _____ If no, why not? _____

Reason for requesting scholarship aid (use additional sheet of paper if necessary):

Please explain any other information regarding your family situation which may aid us in making a decision.

Scholarships Aid Requested \$ _____

To the best of my knowledge, the information I have provided is true and accurate.

Signature _____



AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I, _____ the undersigned parent or person having legal custody or the legal guardian of

(Minor's Name)

authorize the Staff of Camp Funnybone to consent to any medical examination, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist licensed under the law of the State of Oklahoma.

In giving this consent, I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I authorize a physician, surgeon, or dentist to exercise his/her professional judgement, assess the risks and choose the necessary treatment and render such care and perform such treatment as he/she in his/her professional judgement determines to be necessary for the health and safety of the above named minor.

Signature of Legal Guardian

Date

Phone Number

No parent likes to think about their child getting hurt – especially while they're away, but accidents happen. that is why we've designed this authorization form in accordance with Oklahoma law, to give permission for a physician or dentist to provide necessary care to a child whose parents are not immediately available.

PATIENT INFORMATION

Minor's Name

Minor's Telephone Number

Minor's Address

Date of Birth

Minor's Doctor

Telephone number

Date of Last Tetanus Shot (month/year)

Current medications being taken by minor: _____

Minor's medical history: _____

Allergies (if any): _____



AUTHORITY TO INTERVIEW, PHOTOGRAPH AND/OR VIDEOTAPE

Parent's Name: _____ Phone _____

Address: _____

City: _____ State/Zip: _____

Hereby authorizes interviews with and/or photographs made or videotape taken of:

(Child's name)

by Channels 4,5,9 & 25; Associated Press & Daily Oklahoman; other media & photographers for
Camp Funnybone public relations.

(name of news organization and reporter or photographer)

and hereby releases INTEGRIS Health, Oklahoma City, Oklahoma from any and all

(INTEGRIS Hospital or facility)

(City, State)

responsibility attached thereto.

Date: _____

Signature: _____ Relationship: _____

(relationship to person interview, photographed or videotaped, if other than one signing this consent)

Witness: _____

(A signed copy of this release should be attached immediately to the patient's medical record.)

For Individuals under 21 years of age:

I hereby grant permission and release according to the terms stated above for:

Child's Name: _____

Guardian's Name: _____ Guardian's Signature _____

Witness Name _____ Witness Signature _____