

Little Rockies Christian Camp

2017 CAMP REGISTRATION AND HEALTH HISTORY FORM

NAME OF CAMPER _____ Home Church _____
Birthdate _____ Current Age _____ Grade (Fall '17) _____ Male Female
Address _____ City _____ State _____ Zip _____
Home or Cell Phone (_____) _____ Cell or Work Phone (_____) _____
Parent/Guardian Name(s) _____
Parent/Guardian address (if different from camper) _____

Health History

If none apply, check here

Diseases/Conditions:

(Please list approximate dates.)

- Ear infections _____
- Heart Condition(s) _____
- Seizures _____
- Diabetes _____
- Bleeding Disorders _____
- Asthma _____
- MMR _____
- Chicken Pox _____
- Hepatitis _____
- Fractures _____
- Operations _____

- Other _____

Immunizations

Tetanus/Whooping Cough (DPT, TD or TDAP)

Date of most recent immunization _____

Medical Allergies

If none apply, check here

Please list any **chronic condition** which may affect camper, any restrictions or limitations, or attach a **detailed description with directions for care:**

Emergency Information

Emergency Contact Person - If Mom or Dad cannot be reached.

Phone (_____) _____

Family Doctor _____

Clinic _____

Phone (_____) _____

Camp Early Registrations

- Jr Camp Adventures \$80
Grades 4-6 June 11-15
- Teepee \$85
Grades 7-9 June 18-22
- Jr High Camp \$80
Grades 7-9 June 25-29
- Prospect Camp \$25
Grades 2-3 June 29-July 1
- Paintball Camp \$99
Grades 7-12 July 6-
- Deeper Life Retreat \$70
Grades 9-12 July 21-23

Camp After May 31st

- Jr Camp Adventures \$85
Grades 4-6 June 11-15
- Teepee \$85
Grades 7-9 June 18-22
- Jr High Camp \$85
Grades 7-9 June 25-29
- Prospect Camp \$30
Grades 2-3 June 29-July 1
- Paintball Camp \$109
Grades 7-12 July 6-9
- Deeper Life Retreat \$75
Grades 9-12 July 21-23

Parent/Guardian Authorization: This health form is correct as far as I know and the person herein described has my permission to engage in all activities, except those noted on this form. If I cannot be reached in the event of a medical emergency, I give my permission to the health care provider selected by the camp to give necessary medical treatment to the person listed above.

Medical Release: In consideration of acceptance to Little Rockies Christian Camp, I indemnify and hold harmless Little Rockies Christian Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my camper.

Parent/Guardian Signature **(required):** _____ Date: _____

Media Release: I give my permission for photographic and/or video images of my camper to be used in future Little Rockies Christian Camp promotional materials or publications. I understand Little Rockies will not use my child's name or personal information.

Yes No _____ Initials