



# Little Rockies Christian Camp

## 2023 Registration Form

June 11-15

\$100.00

**Junior Camp** (grades 4-6)

June 15-17

\$50.00

**Prospect Camp** (grades 2-3)

June 18-21

\$75.00

**Legacy Camp** (girls-ages 13-19)

June 18-22

\$100.00

**Tipi Camp** (ages 12-18)

June 25-29

\$100.00

**Middle School Camp** (grades 7&8)

Camper Name: \_\_\_\_\_

First

Female

Male

Middle

Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Entering into Fall "23" \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell: \_\_\_\_\_

Guardian(s) Name and Relation: \_\_\_\_\_

Camper's Home Church \_\_\_\_\_ City: \_\_\_\_\_

**Health Record— the following information must be completely filled out by parent or guardian**

Check for up to date Vaccinations: \_\_\_ Hepatitis B Series \_\_\_ Chicken Pox \_\_\_ Diphtheria-Tetanus-Pertussis Series (DTP) \_\_\_  
 \_\_\_ Measles-Mumps-Rubella (MMR) Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note if the Camper has any of the following:

\_\_\_ Convulsive Disorders \_\_\_ Chronic Illness \_\_\_ Contagious Disease \_\_\_ Frequent Ear Infections \_\_\_ Recent Illness/Injury \_\_\_ ADD/ADHD

\_\_\_ Special conditions to watch for: \_\_\_\_\_

\_\_\_ Overall Good Health to participate in Camp Activities \_\_\_ Conditions that may restrict Camp Activities \_\_\_\_\_

Any Recent Life Changes (death in family, divorce, move etc.) \_\_\_\_\_

**Allergies: Please list all food, medication, insect etc. allergies and describe reaction and management of the reaction.**

**RX: All Medications (prescription and non prescription) must be in original container and turned in upon Campers arrival.**

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking \_\_\_\_\_

My Child may be given over the counter medication as deemed necessary by the camp nurse for comfort measures: \_\_\_ Yes \_\_\_ No

Exceptions: \_\_\_\_\_ Camper's weight (for dosage) \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

**Health Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy/Group # " \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Phone Numbers:**

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If Parent or Guardian is not available, please contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of Emergency and Permission to Participate:**

**\*To the best of my knowledge, my child is physically and emotionally able to take part in the camp program. In the event of a medical emergency, I give permission for a health professional to do what is necessary for the health of my child. I have reviewed this form and certify that all appropriate medical information is included. I recognize that this is a Christian Camp, that the Bible is studied, and that camper conduct will expected that is consistent with Christian values. I give my permission for the use of photographs/videos including my child to be used in possible future camp publicity.\***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please Register by June 1, 2023, with payment if possible*