



# Little Rockies Christian Camp

## 2024 Registration Form

June 16-20

\$100.00

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

June 20-22

\$50.00

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

June 27-30

\$75.00

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

August 21-24

\$100.00

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

June 23-27

\$100.00

**Middle School Camp** (grades 7-9)

Camper Name:

\_\_\_\_\_

First  Female  Male Middle Last Date of Birth \_\_\_/\_\_\_/\_\_\_ **Grade Entering into Fall "24"** \_\_\_\_\_

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 be 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, 2024, with payment if possible**