



Little Rockies Christian Camp

2025 Registration Form

June 15-19

\$150.00

Junior Camp (grades 4-6)

June 27-29

\$90.00

Prospect Camp (grades 2-3)

June 19-22

\$120.00

Legacy Camp (girls-ages 13-19)

June 22-27

\$180.00

Middle School Camp (grades 7-9)

Camper Name:

First Female Male Middle Last Date of Birth ___/___/___ Grade Entering into Fall "25" _____

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, 2025, with payment if possible