

REGISTRATION INFORMATION

Camp cost includes the program, meals, and housing. You may add on funds for canteen (snacks). Registrations must be POSTMARKED on/before April 30th to receive the early rate. Please make all checks payable to Little Rockies Christian Camp. If your child was a camper of the week last year please send that paper with this form or contact the Dean who awarded it.

Camp Cost (see pg. 2) \$ _____

Canteen (suggested \$2/day) \$ _____

Subtotal \$ _____

Amount Enclosed \$ _____

Balance Due Upon Arrival \$ _____

I authorize Little Rockies Christian Camp to render first aid treatment if needed. In case of emergency, I give permission to the camp to secure treatment for my child. I understand that every effort will be made to contact me before medical treatment is administered. I release the camp staff, faculty, officers, and management from liability. I also understand that the camp accident insurance is secondary to my own. I authorize participation in all camp activities, even offsite, and give permission for any photos or video taken during camp to be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE

DATE

SUMMER CAMP REGISTRATION FORM



**Little Rockies
Christian Camp**

**If possible, please register online at
littlerockiescamp.com for ease and accuracy of
information. Thanks!**

**You must completely fill out all information on all
pages. All fields are required. If you have questions,
call Kit at (406) 622-3387 or email
kitmillerfcc@gmail.com**

**Mail completed forms to:
First Christian Church
Attn: CAMP REGISTRATION
1201 Main St
Fort Benton, MT 59442**

OFFICE USE ONLY

Date Entered _____ Initials _____

Amount Paid \$ _____ Check # _____ Cash

SESSION INFORMATION

To Receive Early Rates, Registration Must Be
Postmarked On/Before 4/30

Camp/Grade in Fall	Dates	Early	Regular
<input type="checkbox"/> Jr High Camp (6-9)	6/9-6/14	\$100	\$125
<input type="checkbox"/> Paintball Camp (7-12)	6/14-6/16	\$75	\$100
<input type="checkbox"/> Teepee Camp (7-9)	6/19-6/22	\$100	\$125
<input type="checkbox"/> Deeper Life (9-12)	6/21-6/23	\$75	\$100
<input type="checkbox"/> Jr Camp (4-6)	6/23-6/27	\$100	\$125
<input type="checkbox"/> Prospect Camp (2-3)	6/27-6/29	\$75	\$100

Camper Information

Camper's Name: _____ Gender: M F

Date of Birth: _____ Grade Entering in Fall: _____

Mailing Address: _____

City/State/Zip: _____

Primary Phone: _____

Has the child been a camper at LRCC before? Yes No

Has the camper been baptized (immersed)? Yes No

Church Attending With: _____

Parent/Guardian Information

Parent(s) Name: _____

Mailing address different from camper? If yes:

Mailing Address: _____

City/State/Zip: _____

Email: _____

If parent/guardian cannot be reached, in emergency, call:

Name: _____

Phone: _____

Medical Information

Insurance Carrier: _____

Policy Holder: _____

Policy Number: _____

Group # (if applicable): _____

Food Allergies? NO Yes, Explain: _____

Medical Allergies? NO Yes, Explain: _____

Other Allergies or Medical Info: _____

WILL THE CAMPER BE BRINGING MEDICATION TO CAMP?

_____ NO my camper IS NOT bringing any medicine(s)

_____ YES my camper IS bringing medicine(s)

•All medicines must be turned into the nurse or dean at registration

•All medicines must be in original containers

•Please list ALL medications, dosages, and times to be given:

Are there any over the counter (OTC) medicines that camper cannot

take? NO Yes, List: _____