

# 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**

<b>OFFICE USE ONLY</b>	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
○ Jr High Camp (6-9)	6/7-6/12	\$100	\$125
○ Junior Camp (4-6)	6/14-6/18	\$100	\$125
○ Prospect Camp (2-3)	6/18-6/20	\$75	\$100
○ Teepee Camp (7-9)	6/21-6/25	\$100	\$125

## 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: \_\_\_\_\_