

# Rocky Mountain Region Youth Camp 2010

August 6-8 (Middle & High School)

August 8-10 (Ages 7-12)



## Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

<p>Health Information: Do you have, or have you had</p> <p>Recent Serious Injury <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recent surgery <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Allergies to medications <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chronic Medical Condition Such as (Allergies, Asthma, ADD) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to any of the above please describe. _____</p>	<p>Medications you are currently taking: _____</p> <p>Medications You Take Occasionally (for Headaches, ETC) _____</p> <p>Will You be bringing these or any other medications with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Last Tetanus Shot _____</p> <p>Name of Family Physician _____</p> <p>Phone Number _____</p>	<p>Medical Insurance Co. _____</p> <p>Plan or Group # _____</p> <p>Insured ID or Member # _____</p> <p>Ins. Co. Phone #'s (Including area code) _____</p> <p>Ins. Co. Address (street or PO Box) _____</p> <p>City, State, &amp; ZIP _____</p> <p><b>Please Include A Copy of Your Insurance Card.</b></p>
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### Camp Cost

\$130.00

+ additional costs for ropes course, horseback riding, etc.

Please Turn this application along with a \$50.00 Deposit to your church camp leader or send to:  
Rocky Mountain Region Youth Camp 2009  
P.O. Box 631010  
Littleton, CO 80163

Please Note: Applications postmarked after July 15, 2010 will be charged a \$10.00 late fee.

Local Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

## Medical/ Personal Information

### Which Camp Are You Attending? (Check One)

Junior Camp (Ages 7-12)  Senior Camp (Ages 12-18)

Who Do You Wish To Room With? (List Up To Three) please Print legibly

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parental consent:

I hereby give permission for my child to participate in any and all active ties of the Rocky Mountain Region Youth Camp. I hereby waive, release, an discharge any an all claims to injury or loss of property arising out of the Youth Camp activities against camp officials, other participants, the Church of God Rocky Mountain Regional Offices and the International Offices of the Church of God. I further consent to allow camp officials to seek and obtain emergency medical or surgical treatment for my child should my child need medical treatment. I fully understand that my family's insurance is the primary carrier for all accidents incurred at camp and the camp's insurance is the secondary carrier.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<p>I recognize that I am responsible for my behavior. I will conduct myself in a respectful, mature, and courteous fashion. I will adhere to all rules and policies and I will honor those over me in the Lord.</p> <p>Camper's Signature _____ Date _____</p> <p>Pastor's Signature _____ Date _____</p>	<p><b>For Office Use Only:</b></p> <p>Date Received: _____</p> <p>Date Posted: _____</p> <p>Check Number: _____</p> <p>Deposit: \$ _____ Owes: \$ _____</p> <p>Paid In Full: \$ _____</p> <p>Copy of Insurance Card <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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