

RCC CAMPER REGISTRATION FORM

Please use one form for each camper and each session.

Check which portion is paid: Deposit: ____ Paid in full: ____ Partial Payment: ____ Amount: ____

Cost: Retreats \$75 / Sessions \$175

Please check session	Date Reg.	Deadline	Age	Director
<input type="checkbox"/> Memorial Day Retreat	05/24-27	05/15	11-17	Ian Voigts
<input type="checkbox"/> Senior Week	July 9-17	06/20	13-18	Tim Miller
<input type="checkbox"/> Junior Week	July 24-31	06/20	8-12	Ian Voigts

Name _____ Boy ____ Girl ____ Date of birth: _____
 Address _____ Year you will graduate from HS: 20_____
 City _____ State _____ Zip _____ Home phone _____
 Email address _____ Emergency phone _____
 Home church _____ Member Y ____ N ____ Baptized Y ____ N ____
 Shirt Size _____

Medical Release Section

Physician _____ City _____ Phone _____
 Family Medical Insurance Co. _____ Phone _____
 Group Number _____ Policy Number _____
 Date of Last Tetanus Shot _____
 Indicate any physical condition or special needs our sta needs to know about: _____

Medications to be taken at camp _____

Allergies, Medication that **cannot** be taken _____

Over-the-counter allergy, pain relievers, or fever-reducing medicines may be administered to my child.

Yes No

Camper Agreement: I agree to abide by the rules of Rockford Christian Camp as stated in the handbook. I also commit to behave in a manner consistent with the principles of Christ's teaching and example; to love and serve others.

Signature of Camper: **X** _____ Date: _____

I (we) authorize the camp director, or his designee, to secure medical/surgical treatment as recommended by a physician for the applicant's wellbeing. The camp health director/nurse may administer any prescribed medications and treat any emergency that may arise while the applicant is at Rockford Christian Camp.

Father/guardian **X** _____ Email _____ Phone day () _____ - _____

Mother/guardian **X** _____ Email _____ Phone day () _____ - _____