

2010 Health & Consent Form

Camper Name: _____

Emergency Contacts and Phone Numbers: _____

Date of last DPT ____/____/____ Date of Birth ____/____/____

Insurance Information: Please send a copy of your insurance card (front & back) with this form.

Employee's Name: _____

Health Insurance Company: _____

Policy Number: _____

Medical Concerns: (check all those that apply)

- Asthma Sleep Walking Epilepsy
 Diabetes Bed Wetting ADD/ADHD
 Allergies _____ Other _____

Special Needs or Concerns: (including allergies) _____

Medication Name, Dosage, and Frequency

Emergency Treatment Release:

In case of serious sickness or injury, Rock River Christian Camp has my authorization to secure such medical attention as is deemed necessary, if unable to communicate with me immediately. As a parent/guardian, I accept primary responsibility of medical coverage on accidents and illness while the camper is a Rock River Christian Camp. The camp's insurance will be secondary for injuries only.

Parent/Guardian Signature: (for those under 18) _____

Print Name: _____

If parent/guardian cannot be reached, please provide contact person other than parent/guardian.

Emergency Contact: _____

Relationship to Camper: _____

Emergency Phone #: _____

The following **over-the-counter medications** are supplied in our First Aid Station. They may be administered as deemed necessary by the camp medical professionals, unless otherwise advised.

PLEASE CROSS OUT (X) ANY YOU DO NOT WANT ADMINISTERED. (These supplies may be generic)

<i>Midol</i>	<i>Visine</i>	<i>Ibuprofen</i>
<i>Maalox</i>	<i>Antibiotic Ointment</i>	<i>Swim Ear Drop</i>
<i>Sudafed</i>	<i>Robitussin</i>	<i>Throat Lozenge</i>
<i>Campho Phenique</i>	<i>Acetaminophen</i>	<i>Pepto</i>

- No medication, neither prescription, nor over-the-counter, will be given without the written permission of the parent or guardian.
- All **prescription medication** must be in the original container, labeled with the camper's name, name of the medication, current dosage and time taken, physician's name and pharmacy name.
- All **over-the-counter medication** must be in the original container, labeled with the camper's name, dosage, time and purpose for which it is to be given.
- All medications will be collected by the trained medical professional upon arrival at camp.
- Do not use daily dose containers.

All Campers :

Please attach a current photo here to insure 100% accuracy in administering prescription or OTC medications.

2010 Youth Registration Form

Camper Name: _____
 Male Female DOB: ____/____/____ Grade in Fall: ____
 Address: _____
 City: _____ State: _____ Zip: _____
 Parent/Guardian Name(s): _____
 Home Phone: _____ Cell/Work Number: _____
 Parent Email: _____
 Home Church & City: _____
 1st time RRCC Camper: Yes No
 Baptized (immersed) believer: Yes No
 Roommate Preference 1: _____
 Roommate Preference 2: _____
 Teddy Bear attending parent/guardian: _____

Camp Session(s)	\$ _____
Paintball Kit (\$30) optional	+ \$ _____
Paintballs (\$20/1000) optional	+ \$ _____
Subtotal	= \$ _____
Church Voucher Amount	- \$ _____
Multiple Camper Discount (\$5 off per registration for families with multiple registrations)	- \$ _____
Super Early Bird Discount (postmarked by April 30, \$10 off Teddy Bear/First Chance, \$20 off all other camps)	- \$ _____
Early Bird Discount (postmarked by May 31, \$5 off Teddy Bear/First Chance, \$10 off all other camps)	- \$ _____
Bring a Friend Discount (Teddy Bear/First Chance -First Friend - \$5 off, each additional friend - \$10 off; all other camps, First friend - \$10 off, each additional friend - \$20 off. All friends must register for camp and be new to RRCC to qualify.) Name(s) of friend(s) _____	- \$ _____
S.A.W. Discount (\$92.50 per week, \$45 per weekend)	- \$ _____
TOTAL AMOUNT DUE	= \$ _____
Deposit (Minimum of half the amount due must accompany registration. Church voucher not valid as deposit, unless paying the whole amount)	\$ _____

Complete both sides of form, enclose, and send to:

Rock River Christian Camp
 16486 W IL Route 64, Polo, IL 61064
 Phone: 815-493-6622 Fax: 815-493-2374
 office@rockrivercc.net www.rockrivercc.net

Camp Session	Grade Entering	Date	Cost
<input type="checkbox"/> Teddy Bear 1	1 st & 2 nd	June 18-19	\$72.00
<input type="checkbox"/> Teddy Bear 2	1 st & 2 nd	Aug. 6-7	\$72.00
<input type="checkbox"/> First Chance 1	3 rd & 4 th	Aug. 1-3	\$85.00
<input type="checkbox"/> First Chance 2	3 rd & 4 th	Aug. 4-6	\$85.00
<input type="checkbox"/> Junior Main	4 th — 6 th	June 20-25	\$215.00
<input type="checkbox"/> Junior Wilderness Camp	4 th — 6 th	July 11-16	\$190.00
<input type="checkbox"/> Junior Equestrian Camp	4 th — 6 th	Aug. 1-6	\$330.00
<input type="checkbox"/> Jr. High Main	6 th — 8 th	July 25-30	\$215.00
<input type="checkbox"/> Jr. High Adventure Camp	6 th — 8 th	July 4-9	\$190.00
<input type="checkbox"/> Girls Volleyball Camp	7 th -Just Graduated	July 4-9	\$210.00
<input type="checkbox"/> Senior Equestrian Camp	7 th -Just Graduated	July 4-9	\$330.00
<input type="checkbox"/> Paintball	7 th -Just Graduated	Aug. 1-6	\$215.00
<input type="checkbox"/> High School Main	9 th -Just Graduated	July 11-16	\$215.00

Signature on this registration application:

- Indicates my child's understanding and compliance to all rules and policies of RRCC as outlined in the camp brochure.
- Gives Rock River Christian Camp permission to use any pictures of my child in camp publicity.
- Authorizes camper's participation in all recreation and events as well as use of any/all recreational facilities/equipment at Rock River Christian Camp (i.e. pool, trails, creek, hay wagon, farm, etc.).
- Gives RRCC permission to transport camper off grounds for activities outline in the summer brochure (i.e. horse farm, local parks, paintball, etc.).

Camper Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

Camper Ride Home _____

PAYMENT METHOD

Cash Personal Check Church Check
 Credit Card (MasterCard, Visa, or Discover)
 Print Name on Card: _____
 Card # _____ Exp. Date: ____/____
 Signature: _____
 Total Amount Enclosed: \$ _____

For Office Use Only

Date Postmarked _____ Health Form Balance Due _____ Ride Home Verified
 Dean's Letter High Ropes Release Paintball Release Equestrian Release