

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

1<sup>st</sup> 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) \_\_\_\_\_ \$ \_\_\_\_\_

### PAYMENT METHOD

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

*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

### Check session(s) you plan to attend

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

### For Office Use Only

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

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

•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.**

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)

*Midol*

*Visine*

*Ibuprofen*

*Maalox*

*Antibiotic Ointment*

*Swim Ear Drop*

*Sudafed*

*Robitussin*

*Throat Lozenge*

*Campho Phenique*

*Acetaminophen*

*Pepto*

**All Campers :**

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