*Camp Medical Release*

Camper Name

Parent/Guardian

# Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone

**Emergency Contact** (if parent/guardian is not available)

# Contact Name

Phone #’s

Contact Relation to Camper

## Insurance Company

Policy No.

Name under whom camper is insured

I understand that, in the event of an emergency, RGCC will make every effort to contact those people listed on this form. If RGCC is unable to contact the designated emergency contact, or myself I give my permission to the physician selected by the camp management to secure treatment for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as named on this form. I understand that completion of this medical form with my signature grants the above-named camper participation in RGCC programs.

**\*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**

I release RGCC staff, faculty, and management from any liability and they shall not be held responsible for any articles lost, stolen, or left at the camp. RGCC has my permission to use any video or photos taken of my child while attending or participating in camp programs to promote RGCC and its ministry.

**\*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

*Medication Permission*

I, the parent/legal guardian of the camper named on this form, give my permission for the personnel at RGCC to:

 1. Dispense Tylenol or Advil to camper for headache,

 fever or minor pain;

2. Dispense Benadryl to camper for allergic reactions;

3. Dispense Tums or Kaopectate for upset stomach;

4. Dispense Hydrocortisone Cream or other antibiotic ointment for minor injuries;

5. Dispense prescription or other over-the-counter

medication designated by and provided by the parent/guardian or family physician.

\*Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**\*\***When sending medications to camp with campers, please

include: name of meds, why camper is taking, reactions

 to watch for, and dosages/times.

\*\*All medications must be turned in at time of registration!

*Camp Rules*

1. All campers are required to conform to the camp schedule.
2. All campers are expected to treat other campers in a Christian manner.
3. No one will be permitted to leave camp without permission of the Dean of the week.
4. Any use of alcoholic beverages, tobacco, or illegal drugs are strictly prohibited. Any camper caught with these products will be sent home immediately and reported to law enforcement.
5. All medications are to be cleared with, turned in to, and dispensed by the camp nurse. Any sickness or injury must be reported to the camp nurse immediately.
6. Automobiles are unnecessary during the camp period and will be considered “parked” for the duration.
7. Modesty in dress shall prevail always.
8. Swimming will be permitted only at scheduled times.
9. All electronic devices (including but not limited to: cell phones, MP3 players and/or other electronic musical devices and handheld game systems) are NOT allowed at camp and encouraged to be left at home.
10. Fireworks of any kind and all magazines will not be permitted at camp.
11. There will be no dates with outsiders during the camp week. Visitors must abide by all camp rules.
12. No food (this means soda, candy, cookies, etc.) will be allowed in the dorms.

The camp personnel reserve the right to dismiss and exclude from camp ANYONE who does not obey the camp rules. We come for a Christian purpose and we cannot allow any person or group of persons to infringe upon the rights of other campers to have a good time and to learn Christian principles.

I have read and fully understand all camp rules listed above. I understand that if I fail to abide by the guidelines listed above, disciplinary action will occur.

\*Camper Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

\*Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

Rock Garden Christian Camp

*2018 Summer Camp Registration Form*

Camper’s Name

Address

City

State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church

Date of Birth \_\_\_/\_\_\_/\_\_\_

Current Age \_\_\_\_\_ Grade this Fall \_\_\_\_\_

 Male  Female Baptized?  Yes  No

Parent/Guardian

Cell Phone

Work Phone

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Address is different than above:

Address

City

State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent/guardian cannot be reached, in emergency call:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

Relationship to Camper

*Signatures Required where starred (\*)!*

Please check the week you will be attending. Choose the grade you will be entering in the fall.

 **FEE**

**\_\_\_\_High School Camp – Grades 9-12**

 **June 3-8 Dean: Eric Tripp $100**

**\_\_\_\_ Grades 5-6**

 **June 10-15 Dean: Nick Rowland $100**

**\_\_\_\_ Grades 7-8**

 **June 24-29 Dean: Nate Cooper $100**

**\_\_\_\_ Deeper Life – Grades 9-12**

 **July 15-20 Dean: Kendal Bates $120**

 **(includes canoe trip)**

**\_\_\_\_ Grades 3-4**

 **July 8-11 Dean: Brian Ingalls $70**

**\_\_\_\_ Grades 1-2**

 **July 12-13 Dean: Brain Ingalls $50**

**You may preregister by sending this form and payment to RGCC at least 2 weeks before the scheduled week of camp you will be attending. This will speed up the check in process.**

Mail Completed and *signed* form with Registration Fee to:

 Rock Garden Christian Camp

4105 St. Rt. 17

Pomona, MO 65789

*Questions? Call 417-277-5621*

*Or send email to:* rockgarden@socket.net

*Check out the web site*

[*www.rockgardencamp.org*](http://www.rockgardencamp.org)

*Follow and Like us on Facebook*

**Financial Information**

Fee for Camp Week $\_\_\_\_\_\_\_\_\_

Minus Home Church Payment $\_\_\_\_\_\_\_\_\_

Best Camper Awards Discount $\_\_\_\_\_\_\_\_\_

Remaining Total Due $\_\_\_\_\_\_\_\_\_

Amount Paid $\_\_\_\_\_\_\_\_\_

**Optional Expenses**

Camp T-shirt ($10 each) $\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Picture ($4 each) $\_\_\_\_\_\_\_\_\_

Missionary Offerings $\_\_\_\_\_\_\_\_\_

Canteen Cards $5 each $\_\_\_\_\_\_\_\_\_

Total Amount Enclosed $\_\_\_\_\_\_\_\_\_

Note: Funds for additional expenses are turned in at the Camp Bank where expenses are managed so campers do not have money that could be lost or stolen. *Thank you*

Cash or Checks Accepted

Make Checks payable to:

*Rock Garden Christian Camp*

 My check for $\_\_\_\_\_\_\_\_ is enclosed

 Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cash for $\_\_\_\_\_\_\_\_\_\_\_\_ is enclosed

***Camper’s Name:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Allergies:**

 ***Yes No Date***

|  |  |  |
| --- | --- | --- |
| Asthma | **** | \_\_\_\_\_\_\_ |
| Hay Fever | **** | \_\_\_\_\_\_\_ |
| Poison Ivy, etc. | **** | \_\_\_\_\_\_\_ |
| Insect Stings (allergic Reactions) | **** | \_\_\_\_\_\_\_ |

**Various Medical Conditions:**

|  |  |  |
| --- | --- | --- |
| **Ear Infections** | **** | **\_\_\_\_\_\_** |
| **Sore Throat** | **** | **\_\_\_\_\_\_** |
| **Headache** | **** | **\_\_\_\_\_\_** |
| **Heart Disease** | **** | **\_\_\_\_\_\_** |
| **Clotting Disorder** | **** | **\_\_\_\_\_\_** |
| **Seizures** | **** | **\_\_\_\_\_\_** |
| **Bed Wetting** | **** | **\_\_\_\_\_\_** |
| **Fears/Phobias** | **** | **\_\_\_\_\_\_** |
| **Sleepwalking** | **** | **\_\_\_\_\_\_** |
| **ADD/ADHD** | **** | **\_\_\_\_\_\_** |
| **Hearing Problems** | **** | **\_\_\_\_\_\_** |
| **Head Lice** | **** | **\_\_\_\_\_\_** |
| **HIV** | **** | **\_\_\_\_\_\_** |
| **Diabetes** | **** | **\_\_\_\_\_\_** |
| **Hepatitis A** | **** | **\_\_\_\_\_\_** |
| **Hepatitis B** | **** | **\_\_\_\_\_\_** |
| **Mononucleosis** | **** | **\_\_\_\_\_\_** |
| **Chicken Pox** | **** | **\_\_\_\_\_\_** |

Other:

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

Allergies (Medications or Foods):

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

Other important Information:

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

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

Date of Last Tetanus Booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Medical Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_