Rocky Mountain Region Summer Camp 2018
Camper Application
Monday, June 25 - Thursday, June 28
Solid Rock Camp // 2728 Lower Twin Rocks Rd // Florissant, CO 80816

Camp Options:
___Junior Camp (ages 6-11)
___Senior Camp (ages 12-18)

Cost:
Early Bird (Before May 1st) $150
Regular (After May 1st) $160

Payment Options:
___Check
Please enclose with application and mail to: **Rocky Mountain Region PO Box 631010 Littleton, CO 80163**

___Credit Card
Please fill out information below and mail to address above or email to: **wddirector@comcast.org**

CC: _____

Exp: _____ CVV: _____

Camper Information:

Name:_____
Choose One: Male_____ Female_____   Age:_____
Mailing Address:_____
City:_____ State:____ Zip:_____
Parents Name:_____
Parents Phone: _____
Parents Work Phone:_____
Parents Email: _____
Local Church:_____
Pastors Signature: _____

I understand that RMR Summer Camp maintains a Christian standard for conduct, dress, and sign my name hereby promising to abide by all rules and policies and submit to those in authority during my stay.

_____ _____
Camper Signature   Date

Parental Consent:
(Applications cannot be accepted without parent or guardian signature)

I hereby give my child consent to attend and participate in the RMR Summer Camp. I hereby waive, release and discharge all claims, demands, and causes of action against camp officials, The Rocky Mountain Region, the Church of God, their agents, employees, and participants arising from any damages, property loss or injury my child might sustain at the RMR Summer Camp. In the event of an accident or serious illness, and in the event I cannot be contacted, I hereby consent to allow camp officials to seek and obtain medical or surgical treatment for my child.

_____ _____
SIGNATURE OF PARENT   DATE

Note to Parents: Our camp medical insurance operates as secondary coverage to the insurance provided by the parents of the camper. In the event of medical attention to your child at one of the local medical centers, your insurance will be listed as primary coverage and the camp's supplemental policy will be secondary after the primary policy has been settled with the provider.

Name of physician _____ Phone(___) ____-____
Is camper covered by medical insurance? Yes No
Insurance Company _____ Phone(___) ____-____
Pre-Authorization required? Yes No
Group/Policy # _____ Policy Holders Name_____
List any allergies (including medications) or medical problems:
_____
List any medications camper is currently taking: Date of last tetanus shot:
_____