

Youth Camp Registration Form

Please fill out the form completely, including signatures
(Camper, Parents and Foursquare Pastor signatures are needed).

Male Female

Name	Grade (Fall '10)	Sex
Address		
Town/City		Zip Code
Parents Name		Home Phone
Work Phone	Emergency Phone (cell #)	
Church Name:		

Camper: List three campers you want to share a room with. We will try to accommodate you with them, but your request is no guarantee.

1 _____ 2 _____

3 _____

Agreement to Camp Guidelines

Camp guidelines: No cigarettes, no illegal drugs of any form, no fireworks, matches etc., no non-Christian music, no inappropriate printed materials - i.e. magazines etc., no physical display of affection (PDA) - i.e. guys and girls pairing off, no one is to leave the camp boundaries. Respect the property, buildings and other's personal property. One-piece swim suits, girls bring a dark color T-shirt to wear over your swim wear if asked. No boys in girl's rooms or girls in boy's rooms at any time.

I (camper) _____ will respect the leaders and RMR Camp by following the above guidelines.

I (parent) _____ agree to come and pick up my child at the camp grounds if they fail to comply to the Camp rules and guidelines.

Method of Payment

(make check payable to **Camp Fund**)

	If registered before <u>June 1, 2010</u>	If registered after <u>June 1, 2010</u>
<input type="checkbox"/> Total Cost	\$150.00	\$160.00
<input type="checkbox"/> Non refundable Deposit	\$35.00	\$35.00
<input type="checkbox"/> Balance due after Deposit	\$115	\$125.00
<input type="checkbox"/> Total Enclosed	\$ _____	\$ _____
<input type="checkbox"/> Balance Due	\$ _____	\$ _____

Youth Camp Registration Form Continued

Medical Release

1. Is this camper on any medication Yes No
If so, please explain what and why.

2. Is the camper's tetanus shot current? Yes No

3. Does this camper have any allergies? Yes No
If so, please explain.

4. Personal Insurance Information:

Insurance Company Name _____ Policy # _____

5. The parent authorizes and allows the said minor to be at Rocky Mountain Regional Camp, and engage in all of the activities. The parent hereby appoints Foursquare Camp Staff as *loco parentis* and gives authorization to render emergency medical care, as could be done by the parent. The parent hereby releases Rocky Mountain Camp Staff from any and all acts taken in good faith during camp.

Please put all prescription medication and over-the-counter medication in a zip-lock bag with instructions. Medication will be collected at Camp Registration and given to the nurse who will at the appropriate times administer the medication. All medication will be given to the nurse.

Be sure all bottles are properly labeled with child's name and medication instructions.

Parent's Signature _____ Date _____

Foursquare Church Pastor's Signature _____ Date _____

Registration Due By May 28, 2010
Please give completed form and payment to the Camp Coordinator at your nearest Foursquare Church.
For more information contact:

**1001 Cleveland
Missoula, MT 59801**

**Phone: 406-721-6884
Email: david@4bible.com
www.4bible.com**

Contact person: Pastor David Wise