

For Local Church Use Only

# 2024 RMMN CO Kids Camp Camper Registration

June 25th - 28th, 2024 Camp Cedaredge

**Camper Registration: \$** \_\_\_\_\_

**Local Church Deadline:** \_\_\_\_\_

\*Fees are Camp Fees and do not include local church fees

First: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Sex at birth: M F Age: \_\_\_\_\_ Grade as of Fall 2024: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL A2X A3X

## Step #1: Please complete with Camper Information: (Please Print Clearly)

Church \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Early Departure:** Only those authorized can remove a camper from camp early. List designated person(s).

\_\_\_\_\_

Is there anyone to whom we should **NOT** release your child to? Please list complete name(s):

\_\_\_\_\_

**Step #2: Medical Information:** all medications, prescriptions, over-the-counter meds must be brought in their **original container** to the nurse with the medical form signed by the parent/guardian.

Medical information will be collected by following the link in the confirmation email. The link is <https://rmmn.funfangle.camp>.

**Medical Consent:** I, \_\_\_\_\_, grant permission for the RMMN Camp Nurse to give my child (name listed above) the medications listed above during their time at RMMN Kids Camp at Camp Cedaredge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step #3 Parental & Camper Consent**

I hereby grant permission for my child, named above to attend the Rocky Mountain Kids Camp at Camp Cedaredge. I further release my child into the custody of the adults from our church who are attending camp, as well as leaders from across the district. Furthermore, I grant permission to the nurse selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child. It is understood that the Camp leadership will make a conscientious effort to locate me or the emergency contact listed on this form. I will fully pay for all medical expenses, not covered by the child's insurance or the camp insurance.

I also understand that participants at Camp Cedaredge are liable for damages caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that kids camp is a voluntary activity. Campers must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, that is not always possible.

- I give permission for my student's photo to be used for promotional material and social media. \_\_\_\_\_ (Initial)
- I understand registration is non-refundable but transferable to another student to attend the camp instead. \_\_\_\_\_ (initial)

I have reviewed the camp information sheet and gone over the camp and dress code policies with my child.

Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature \_\_\_\_\_ Date: \_\_\_\_\_