

RMMC YOUTH CAMP REGISTRATION FORM

Please complete this form and mail to: **Rocky Mountain Mission Center Office, 9501 Lou Dr, Denver, CO 80260**

Or email an electronic copy to: information@cofchristm.org

YOUTH CAMP SELECTION – CHECK ONE PER FORM					
<input type="checkbox"/> Junior Camp @ Big Spruce		<input type="checkbox"/> Jr./Sr. High Camp @ Big Spruce		<input type="checkbox"/> Other: _____	
REGISTRATION INFORMATION					
Legal Name: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Prefer Not To Answer <i>If participant has a non-binary gender identity, please contact the camp director to explore how we can be welcoming and inclusive.</i>		
Preferred Name: _____					
Camper's home phone: _____		Camper's cell phone: _____		Camper's email: _____	
Address: _____		City: _____		State/Province: _____	Zip: _____
Grade completed this year: _____		Age: _____	Date of Birth: _____		Home Congregation: _____
PARENT/LEGAL GUARDIAN CONTACT INFORMATION					
Name of parent/guardian 1: _____			Name of parent/guardian 2: _____		
Work phone: _____		Cell phone: _____		Work phone: _____	
Parent email: _____		Parent email: _____			
I hereby give permission for the following people, other than parents/guardians listed above, to pick up camper (please list - Anyone picking up camper must be 18):					
EMERGENCY INFORMATION <i>(These persons will be contacted if parents/guardians are not available.)</i>					
Name 1: _____			Name 2: _____		
Relationship: _____			Relationship: _____		
Phone (cell preferred): _____			Phone (cell preferred): _____		
GENERAL HEALTH INFORMATION					
Is camper allergic to any foods, latex, medications, etc.? If yes, please explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is camper currently under a physician's care for any acute or chronic medical condition? If yes, please explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is camper currently taking any medications? If yes, please list (include dosage instructions or attach a list with this form): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does camper have any physical, emotional, medical, or psychological conditions or restrictions? If yes, please list (or attach additional information): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has camper had any recent/major emotional upset, illness, injury, surgery, or exposure to contagious disease? If yes, please describe (include dates or attach additional information): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check any of the following that apply to camper: <input type="checkbox"/> Homesickness <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Sleepwalking					
Does camper have any special dietary requirements? <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> Dairy-free					
Date of last tetanus vaccination: _____			Girls: Has menstruation begun? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have they been told about it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal physician: _____			Physician's phone: _____		
Health insurance provider: _____			Health insurance provider phone: _____		
Policy holder's name: _____			Policy #: _____		Group #: _____

CONSENT AND RELEASE

Please read each of the following statements and sign this registration form. Your signature indicates your consent.

CONSENT TO MEDICAL TREATMENT

I give permission to Community of Christ to transport my child to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. In an emergency, the information contained in this document may be released to qualified medical personnel. Community of Christ personnel may administer prescription and over the counter medication as needed during the Event.

CONSENT TO PARTICIPATE IN EVENT ACTIVITIES

I specifically consent to my child's participation in activities offered by this camp, including, but not limited to, camping, boating, canoeing, swimming, hiking, body surfing and sporting activities. I certify that my child has the necessary skills to participate in any of the approved activities. (If boating is approved, the camper can swim.) **I specifically DO NOT want my child to participate in the following activities:**

TRANSPORTATION CONSENT

I understand that some activities involved in by this camp may require travel to other locations. I understand that all transportation during this youth camp will be provided by camp staff or people designated by them and that all drivers of vehicles will be licensed and over the age of 21. I understand that most transportation will be in privately owned vehicles that are in good condition and considered safe. **Jr/Sr High Camp plans to travel out of state to Utah for an activity.**

WAIVER AND RELEASE OF LIABILITY

I acknowledge that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for my child being accepted for participation in this event, I hereby release forever, discharge, and agree to hold harmless Community of Christ, the camp, and the directors thereof from any and all liability, claims, or damage for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred while my child is participating in this event. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, lodging for my child. I further agree to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of my child, including expenses incurred attendant thereto.

PHOTO RELEASE

I hereby give consent to and authorize the taking of photographic, audio or video recordings in which my child may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web. **To opt out of the Photo Release, please contact the Mission Center Office. information@cofchristrm.org**

CAMPER BEHAVIOR

The camper will not attend retreat/camp if any illness at the opening day of retreat/camp should be harmful to him/her or to others. The camper will come fully prepared to participate in all activities other than those listed in the activity consent section. The possession or use of any tobacco, alcohol or illegal drugs, video or electronic games, large knives or other weapons will not be tolerated. The camper may be sent home, at the expense of the undersigned, because of misbehavior or violation of retreat/camp policies.

USE OF ELECTRONICS AND THE INTERNET

RMMC youth ministries uses Zoom, Microsoft Teams and other video conferencing platforms and could invite engagement with social media sites as well as email, phone, and text message, and also on Community of Christ media platforms. By signing up for these activities, we acknowledge this point of engagement can occur and give our permission for the Community of Christ to engage our family and our children/youth on these platforms. If we do not wish to continue engaging in any of these ways, we may opt out at any time by contact Melanie Grimes at mgrimes@cofchristrm.org.

We strongly encourage you not to bring electronic equipment to activities. Please be aware each camp director has individual policies regarding the use of electronics and signature of this form implies compliance by both parents and campers.

STATEMENT OF CONSENT AND RELEASE

I, the undersigned, and on behalf of my child listed on this form, or with permission to register from their parent/legal guardian, verify that the rules, guidelines, and releases specified on this form have been read, understood, and consented to. I, the undersigned, verify that I/we (their parent/legal guardian) understand that not following the printed or announced rules and reminders of camp may result in my child being asked to leave the camp experience.

Camper Signature: _____ DATE: _____

Parent/Guardian Signature: _____ DATE: _____

ROCKY MOUNTAIN MISSION CENTER

Community of Christ

NAME OF YOUTH: _____ BIRTHDATE: _____

I, the undersigned parent, legal guardian or next of kin, for my child, ask the Community of Christ staff give medication(s) to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over-the-counter medications must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

Preventive creams/ointments/sunscreen may be applied unless skin is broken or bleeding _____ (initials)

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the authorized staff person delegated to administer medication.

Print Parent/Legal Guardian's Name Signature of Parent/Legal Guardian Date
Day Phone: _____ Evening Phone: _____



HEALTH CARE PROVIDER AUTHORIZATION

Medication – Name: _____
Dosage: _____ Route: _____
Times to be given: _____
Special Instructions: _____
Side effects that need to be reported: _____

Medication – Name: _____
Dosage: _____ Route: _____
Times to be given: _____
Special Instructions: _____
Side effects that need to be reported: _____

Print Health Care Provider Name Signature of Health Care Provider Date
With Prescriptive Authority With Prescriptive Authority

License Number: _____ Phone: _____