

Summer 2018 Camp Registration

Camper's Name _____ Birth Gender _____
 Parent/Guardian Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Camper's DOB _____
 Cell Phone _____ Grade Entering _____
 Email address _____ Camper's Age _____
 Insurance Company _____
 Policy # _____
 Pastor's Name and Church _____

Camp: _____ **Total cost: Attending:** _____

Junior 1	(June 25-30) (finished 3 rd gr – age 12)	\$230	
Camp Meeting	(July 4-7)	Free will offering	
Teen 1	(July 9-14) (age 13-19)	\$240	
Teen 2	(July 16-21) (age 13-19)	\$240	
Junior 2	(July 23-28) (finished 3 rd gr – age 12)	\$230	
Junior 3	(July 30-Aug 4) (finished 3 rd gr – age 12)	\$230	
Summit Trails Backpacking	(Aug 12-17)	\$250	
Summit Trails Ladies	(Aug 12-17)	\$250	

I would like to register for a 1-hour horseback trail ride.
 - Cost: \$35
 - Helmets will be provided
 - REQUIRED gear: Long pants, closed toe shoes, rain jacket

I would like to receive e-mail confirmation of my registration.

A non-refundable registration fee is due with this form for all camps.
 (This fee is included in the total camp cost above.)

-Junior & Teen Camps = \$25
 -Summit Trails Camps = \$100

If your registration form is postmarked on or before May 15, 2016, you qualify for a \$15 discount off the total camp cost. (Summit Trails camps not included.) If your registration is postmarked a week or less before the camp you are registering for, a \$15 late fee will be incurred.

Please answer the following questions:

1. Is the camper allergic to any food, drugs, or other substances? Yes No
 Explain: _____

2. Is the camper currently taking any medications? Yes No

If the answer is yes, what medication(s)? _____

3. In the event of an emergency, is there any other information we should know about the camper that would be pertinent to seeking treatment?

4. In the event I am unavailable at the time, I hereby give my permission to the physician, which the camp director chooses, to perform any EMERGENCY medical treatment (including surgery) as may be necessary. Should my camper need to see a doctor, I agree to send Red Cliff Bible Camp \$100 to partially defray the travel cost for care.

5. For promotional or marketing purposes, Red Cliff reserves the right to use any audio, video, and/or photography of guests or campers participating at Red Cliff facilities.

X _____

Required Signature / Date (must be signed by parent/guardian if camper is under 18) (This signature is required for any camper to attend.)

Please mail completed registration to:

Red Cliff Bible Camp

PO Box 846 Pinedale, WY 82941

or email to:

redcliffcamp@gmail.com

Questions? Call us at (307) 367-2536 or email redcliffcamp@gmail.com