

Fall Camper Registration

Camper's Name _____ Birth Gender _____
 Parent/Guardian Name _____
 Grade (Science Camp) _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Camper's DOB _____
 Cell Phone _____

Email address _____
 Insurance Company _____
 Policy # _____
 Pastor's Name _____
 Church Name _____

Fall Camp:	Total Cost:	Attending: X
Ladies' Retreat (Sept. 12-14)	\$115	

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

A non-refundable \$25 registration fee is due with this form.
 (This fee is included in the total camp cost above.)

**To reserve a bathroom cabin, there is an added fee of \$10/camper
 For Ladies' Retreat.**

I would like to reserve a Bathroom Cabin.

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 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.

*Required Signature/Date (must be signed by parent/guardian
 Is 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 completed form to: redcliffcamp@gmail.com

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