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**
Science Camp (Sept. 4-5)	$115	
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