

## Summer 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 22-27) (finished 3 <sup>rd</sup> gr – age 12)	\$265	
Camp Meeting	(July 1-4)	Free will offering	
Teen 1	(July 6-11) (age 13-19)	\$275	
Teen 2	(July 13-18) (age 13-19)	\$275	
Junior 2	(July 20-25) (finished 3 <sup>rd</sup> gr – age 12)	\$265	
Junior 3	(July 27-Aug 1) (finished 3 <sup>rd</sup> gr – age 12)	\$265	
Summit Trails Backpacking	(Aug 2-7)	\$285	
Summit Trails Ladies	(Aug 4-7)	\$285	

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:

or email to:

Red Cliff Bible Camp

registration@redcliffcamp.org

PO Box 846 Pinedale, WY 82941

Questions? Call at (307) 367-2536 or email [registration@redcliffcamp.org](mailto:registration@redcliffcamp.org)