

## Winter Camp Registration

Camper's Name \_\_\_\_\_ Male\_\_ Female\_\_

New Camper

Update Contact Information

Parent/Guardian/Spouse Name \_\_\_\_\_

Grade Entering \_\_\_\_\_ Camper's DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Pastor's Name and Church \_\_\_\_\_

**Winter Camp.** **Total cost.** **✓ Attending.**

Winter Camp.	Total cost.	✓ Attending.
Couples' Retreat (February 11-13)	\$350/couple	
Men's Retreat (February 25-27)	\$115	
Snow Blowout (March 4-6)	\$115	

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.)**

- Couples Retreat = \$100

- Retreats = \$25

To reserve a bathroom cabin:

There is an additional fee of \$10 per camper for Men's Retreat and Heritage

Quest and an additional fee of \$25 for Couples 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 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.

\_\_\_\_\_

*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 scan and email to:

## **Winter Camp Registration**

Red Cliff Bible Camp

redcliffcamp@gmail.com

PO Box 846

Pinedale, WY 82941

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