



CAMP REGISTRATION SUMMER 2017

2728 Lower Twin Rocks Road, Florissant, CO 80816
719-687-4184 solidrockcampco.com

We are excited that you have chosen to register your child for camp and are looking forward to having him/her here at Solid Rock. Please complete all six sections of this application before submitting it. Items with an asterisk (*) are required. Much of this information is required by the State of Colorado as we are a licensed child care facility. When finished you may mail or deliver to the address above along with payment. Thanks.

CAMPER

Legal First Name* _____

Middle Initial _____ Preferred Name _____

Legal Last Name* _____

Gender* ☐ Male ☐ Female Date of Birth* _____

Language spoken at home* _____

Grade next school year* _____

Street Address* _____

Address Line 2 _____

City* _____ State* _____

Zip Code * _____ Home telephone* _____

Camper email address _____

Home church _____

Full name of one camper you would like to room with _____

PROGRAM*

Which camp session are you registering for?

☐ Adventure/Challenge Camp - July 9-14 (ages 8-11)

☐ Discovery Camp - July 16-20 (ages 11-18)

PARENT OR LEGAL GUARDIAN

Title _____ First Name* _____

Last Name* _____

Relationship to child* _____

Street Address* _____

Address Line 2 _____

City* _____ State* _____ Zip Code * _____

Primary Telephone* _____ Type _____

Email address* _____

Other Telephone _____ Type _____

Other Telephone _____ Type _____

Employer* _____

Employer Address* _____

Employer Phone* _____

SECOND PARENT OR LEGAL GUARDIAN

Title _____ First Name _____

Last Name _____

Relationship to child _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Primary Telephone _____ Type _____

Email address _____

Other Telephone _____ Type _____

Other Telephone _____ Type _____

Employer _____

Employer Address _____

Employer Phone _____

AUTHORIZATIONS*

Please carefully read and consider the following authorizations. Check yes to indicate your authorization or no to deny authorization for each one. By signing and submitting this registration at the end of the form, your selected responses are binding.

Image authorization*—Check yes to authorize Solid Rock Camp and Retreat Center to use video and photography of you and your family members for the purpose of promoting Solid Rock Camp and Retreat Center in print and electronic media.

☐ Yes ☐ No

Sunscreen and insect repellent authorization*—Over exposure to the sun and certain insect bites present potential health risks. The use of sunscreen and insect repellent containing DEET are recommended to minimize those risks. Solid Rock Camp will provide these for campers. We ask that you NOT send either of these products with your child. Please indicate if you authorize application of sunscreen and insect repellent, as needed, to your child.

Sunscreen authorization* ☐ Yes ☐ No

Insect repellent authorization* ☐ Yes ☐ No

Activities authorization*—I hereby give my permission for my child attend Solid Rock Camp & Retreat Center and to participate in all camp activities. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

I will not hold Solid Rock Camp & Retreat Center or its agents liable for injury caused by common accident, illness, or the rendering of emergency care.

☐ Yes

Please note any exceptions to activities authorization:

RELEASE FOR PICKUP AUTHORIZATION

It is the policy of Solid Rock Camp and Retreat Center to release campers at the end of camp only to the camper's parent or legal guardian or another authorized person. Please list the full names of other individuals who are authorized to pick up your child. (Please turn page over)

Authorized pickup name _____
Authorized pickup name _____
Authorized pickup name _____

Pickup not authorized—If there is anyone who is specifically not authorized to pick up to pick up your child, please list below.
Not authorized to pickup _____
Not authorized to pickup _____
Not authorized to pickup _____

EMERGENCY CONTACT

In the event of an emergency, and if we cannot reach a parent or legal guardian, please provide the name, address, and telephone number of another person we should contact.
Emergency contact name* _____
Phone number* _____
Address* _____

EMERGENCY MEDICAL CONTACTS

Physician name* _____
Physician telephone* _____
Physician address* _____

Dentist name* _____
Dentist telephone* _____
Dentist Address* _____

HEALTH INFORMATION

Does the camper have now or has the camper been subject to in the past any of the following? If no please write no.
If yes please explain.*
AIDS OR HIV _____
Allergy, food or drug _____
Allergy, animals _____
Allergy, other _____

Appendicitis _____
Asthma _____
Convulsions or seizures _____
Diabetes _____
Digestive problems _____
Ear or hearing trouble _____
Emotional disturbance _____
Epilepsy _____
Heart trouble _____
Hernia _____
Lung trouble _____
Skin trouble _____
Surgery within last year _____

Communicable diseases camper has contracted

Check all that apply.
☐ Chicken Pox ☐ Diphtheria ☐ Whooping Cough
☐ Polio ☐ Measles ☐ Mumps ☐ Scarlet Fever

Medical Information—complete as appropriate. If none write none.

Medical conditions being treated _____

Medications _____

Physical handicap _____

Health forms—The state of Colorado requires parent of legal guardians to submit a signed physicians’ report from a physical examination within two years of the start of camp. You can download this form from our website (www.solidrockcampco.com/camper_forms.html), or you may request it from the camp office. Take this to you child’s physician and have him/her complete this form. If your child has had a sports physical within two years of the start of camp, the signed physician’s report from that physical is also acceptable. The state of Colorado also requires that we have a current immunization record for your child on file in our office. If you do not immunize, please call the camp office to make other arrangements.

Immunization exemptions

- If your child is exempt from state immunization requirements check exempt below.
- If your child is exempt from receiving varicella vaccine because he/she has had the varicella (chicken pox) disease, please check exempt below.
 - Immunization* ☐ Required ☐ Exempt
 - Varicella vaccine* ☐ Required ☐ Exempt

Medications—If there are any prescription or special over-the-counter medication that your child will need at camp, you must provide those. Each of the individual medications must be accompanied by a medication authorization form signed by both you and your child’s physician. These form can also be obtained online as above or from our office.

Parental Consent to medical, dental, or hospital care

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and/or surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis and/or treatment and hospital care or treatment by a dentist licensed under the Dental Practices Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment. As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that any other person is required by law. I understand that in the case of an emergency, every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia, or operations as may be urgently necessary for my child. In the event of a claim, family insurance (if any) will be liable. I hereby authorize Solid Rock Camp and Retreat Center’s physician to act as the prescriptive authority for my child while he/she is at camp. I understand that the doctor’s standing orders are available for inspection upon request.

PARENT OR LEGAL GUARDIAN SIGNATURE

I certify that the information I have provided is accurate to the best of my knowledge. Please sign below.

Registration signature* _____

Registration date* _____