



# CAMP REGISTRATION SUMMER 2018

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?  
 Discovery Camp—July 8-12, 2018—Ages 8-11  
 Adventure Camp—July 15-20, 2018—Ages 11-17

### 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 or 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.solidrookcampcoo.com/camper\\_forms.html](http://www.solidrookcampcoo.com/camper_forms.html)), or you may request it from the camp office. Take this to your 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\* \_\_\_\_\_