



Registration and Health Record

Registration can be done online at campchristiancolorado.org or you may bring this form with you to camp. All camps are \$150 payable with online registration or by cash or check the day of camp.

General Information

Full Name of Participant		Date of Birth	
Street Address			
City, State, Zip			
Church Name		Adult Leader	
Camp Attending (circle)	Junior (3rd-5th)	Middle School (6th-8th)	High School (9th-12th)
Dates of Camp			

Parent/Guardian Information (Participants over 18 may skip to Next Section)

Name	
Relationship to Participant	
Street Address	
City, State, Zip	
Email Address	
Home and Cell Phone #	

Emergency Contact Information (OTHER than Parent(s)/Guardian(s) listed above)

Name	
Relationship to Participant	
Street Address	
City, State, Zip	
Home and Cell Phone #	

Health Information

1. By signing this form you are giving consent for your child to attend and participate in all Camp related activities. Are there any activities that your child should be excluded from? YES NO
If YES, please explain:

2. Does the participant have any allergies (food or environmental) that we should be aware of?
YES NO If YES, please explain:

3. Does the participant have any special dietary needs (circle)? YES NO
If YES, please explain:

4. Will the participant need to receive any medication (prescription or over-the-counter) while at camp?
Yes No If YES, **please specify dosage and frequency**

5. Is there anything else we should know about the participant (circle)? YES NO
If YES, please explain:

I, the undersigned, (parent or guardian if participant is under 18), attest that the information provided herein is accurate and complete to the best of my knowledge. I accept legal and financial responsibility for: a) any material misrepresentation included herein and b) any expenses incurred related to participation at Camp Christian, including medical expenses. I give permission for the above named "Adult Leader from Church" or any Camp Christian staff member to transport me/my child to and from camp and/or during camp as necessary and understand that the release and indemnification provided in the document referenced below extends to transportation of me/my child.

I acknowledge that by signing this document, I a) authorization for the adult leader from the church listed above to seek medical treatment for me (or my child) in the event I cannot give consent, b) indemnification for Camp Christian from liability related to damages or injuries of any kind sustained because of participation in this event, and c) discretion for the director of camp to remove me (or my child) from camp if in their opinion my/his/her presence poses a threat to myself/himself/herself or anyone else at camp. I understand and consent that the Participant will share a sleeping room—but not a bed—with 1 or more members of the same sex and that in some cases the same room may have both adults and students staying in it.

Signature of _____
Responsible Party Date

Printed Name of Individual Signed Above

Media Release

Individual and group photos taken at camp may be used in any or all forms of media for advertising. The names of the children will not be used if photos are placed on our website or other social media websites.

X _____ Date _____

By signing above I give permission for Camp Christian to take/use photos of my child for advertising and media purposes.