

Summer/Fall Camp Registration

Camper's Name _____ Male__ Female__

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Camper's DOB _____

Cell Phone _____ Grade Entering _____

Email address _____

Insurance Company _____

Policy # _____

Pastor's Name and Church _____

Camp attending.

Junior 1 (June 25-30)	
Junior 2 (July 23-28)	
Junior 3 (July 30-Aug 4)	
Teen 1 (July 9-14)	
Teen 2 (July 16-21)	
Summit Trails Backpacking (Aug 12-17)	
Summit Trails Ladies (August 12-17)	
Ladies Retreat (September 13-15)	
Science Camp (September 17-18)	

I would like to receive e-mail confirmation of my registration.

A non-refundable registration fee is due with this form for all camps.

-Junior & Teen Camps = \$25

-Summit Trails Camps = \$100

-Retreats = \$25

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.

Required Signature of Parent or Guardian / Date

Please mail completed registration to:

Red Cliff Bible Camp

PO Box 846

Pinedale, WY 82941

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

Continued →