



# Camper Registration Form

4/24/18

Camper Name \_\_\_\_\_ M \_\_\_ or F \_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Employer and Street Address \_\_\_\_\_

Email Address \_\_\_\_\_

Church Name, if any \_\_\_\_\_ Pastor(s) Name \_\_\_\_\_

Name of Camp Attending \_\_\_\_\_ Dates of Camp \_\_\_\_\_

Youth Camp Roommate Preference (name) \_\_\_\_\_

Person(s) designated to take child from camp other than Parent(s)/Guardian(s) listed above (name, address, phone number)  
\_\_\_\_\_

Person(s) **NOT** permitted to take child from camp \_\_\_\_\_

### **EMERGENCY CONTACTS**

In case of an emergency what is the best way to contact the Parent(s) /Guardian(s) while the child is at camp:  
\_\_\_\_\_  
\_\_\_\_\_

If Parent(s)/Guardian(s) cannot be reached in case of an emergency call: \_\_\_\_\_  
\_\_\_\_\_

### **Authorization to Participate or Exclude Participation in Camp Activities**

I hereby give permission for my child to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in all camp activities with the following exceptions: \_\_\_\_\_  
\_\_\_\_\_

### **Food Allergies and / or Dietary Restrictions**

Gluten  Lactose  Other  (Please Explain) \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

### **Authorization for Emergency Medical Care**

I give my permission to San Juan Bible Camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

**X** \*Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_\_

\* By signing this I give consent for San Juan Bible Camp and its employees to use photographs of this registered camper for marketing purposes only.

### **FULL PAYMENT DUE TWO WEEKS BEFORE CAMP BEGINS!**

Amount Due (Total Price of Camp)	\$ _____
Less Early Discount (\$50 off if deposit or full payment received by May 1)	\$ _____
Amount Paid with Registration (\$25 deposit required to reserve your spot)	\$ _____
Amount Still Owed	\$ _____

## Camper Health Statement

*This form is required by Colorado law and must be filled out and signed by camper's physician in order to attend camp.*

Camper Name \_\_\_\_\_

Date of last physical examination by a licensed physician or qualified, licensed nurse practitioner (must be within the last 24 months of camp dates):  
\_\_\_\_\_

This child is planning to attend a residential or trip camp, away from his/her home and probably distant from medical care. The camp must have a health supervisor who, at minimum, has completed an advanced first aid course. Your response to these questions will help in the care of this person.

Past history of serious lacerations, injuries, illnesses or communicable diseases: \_\_\_\_\_  
\_\_\_\_\_

Allergies or Drug Reactions: \_\_\_\_\_  
\_\_\_\_\_

Medication now being used by child and/or special dietary requirements: \_\_\_\_\_  
\_\_\_\_\_

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows: \_\_\_\_\_  
\_\_\_\_\_

✕ Signature of PHYSICIAN or NURSE PRACTITIONER \_\_\_\_\_

Printed Name of PHYSICIAN or NURSE PRACTITIONER \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Immunization Record

Please attach Colorado Certificate of Immunization that has the month and year for the following vaccines:

Diphtheria-Tetanus-Pertussis (DTP or Baby Shots), Tetanus-Diphtheria (TD), Polio, Measles (Hard, Red), Rubella (German Measles), Mumps. Your camper registration is not complete without these records.

### Authorization for Administration of Medications

I hereby authorize the properly qualified health supervisor of San Juan Bible Camp to administer medication which has been prescribed to the camper attending the above-named camp. The prescribed medication shall be from a licensed pharmacy, labeled with the name, address, and phone number of the pharmacy, name of the camper, name and strength of this medication, directions for use, date filled, prescription number, and name of practitioner prescribing the medication.

✕ Signature of PHYSICIAN or NURSE PRACTITIONER \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Authorization for Sunscreen Application & Over the Counter Medications

I authorize SJBC staff to assist my child in applying sunscreen or use of another form of parent/guardian approved sun protection to my child's exposed skin prior to going outside. I authorize the properly qualified health supervisor of SJBC to administer, to the above camper, the following over the counter pain medication if necessary: (please circle)

Aspirin      Non-Aspirin      Ibuprofen      None

Parent(s)/Guardian(s) Name \_\_\_\_\_

✕ Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: San Juan Bible Camp  
14260 Rd 39.9  
Mancos, CO 81328



# **COLORADO OUTBACK ADVENTURES, LLC**

SJBC Rafting Form (Trailblazer/Navigator only)

## **ACKNOWLEDGEMENT OF RISKS ACCEPTANCE OF RESPONSIBILITY RELEASE FORM**

I hereby recognize that there is a significant element of risk in any adventure sport activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my child is fully capable of participating in said activities.

I assume full responsibility for my child, for bodily injury, death, loss of personal property, and expense thereof.

In consideration of services to be received, the undersigned and his/her heirs and assigns, hereby: releases Colorado Outback Adventures, LLC and its employees from any liability for claims of lawsuits brought by the undersigned, his/her heirs, or assigns, arising out of the activities provided by Colorado Outback Adventures, LLC except to the extent that damages or injury can be shown due to negligence of Colorado Outback Adventures, LLC. We reserve the right to refuse any person Colorado Outback Adventures, LLC judges to be incapable of meeting the requirements of participating in river rafting activities.

In consideration of services to be received, I release all rights to pictures taken of my child during the duration of the river trip, which shall be used by Colorado Outback Adventures, LLC for promotional purposes.

### **PERMISSION TO PARTICIPATE:**

I the undersigned, having read and understood the above, accept the terms and conditions stated herein and hereby give permission for my child to participate in the said activities:

Minors Name (print): \_\_\_\_\_

Adult (18 and older)

Parent/Guardian/Adult Name (print): \_\_\_\_\_

Parent/Guardian/Adult Signature (sign): \_\_\_\_\_

Date: \_\_\_\_\_

### **To be completed by office staff:**

Trip Date: \_\_\_\_\_ Time: \_\_\_\_\_ River: Lower Animas  
Lead Guide: \_\_\_\_\_ Guide 2: \_\_\_\_\_ Guide 3: \_\_\_\_\_  
Guide 4: \_\_\_\_\_ Guide 5: \_\_\_\_\_ Guide 6: \_\_\_\_\_  
Launch Site: \_\_\_\_\_ Take Out: \_\_\_\_\_ Trip Length: \_\_\_\_\_

# RIMROCK OUTFITTERS

## WAIVER OF RIGHT TO SUE; RELEASE OF ALL CLAIMS

1. I acknowledge that horseback riding involves risks that may cause serious injury and in some cases, death because of the unpredictable and irrational behavior of horses, regardless of their training and past performance.
2. I voluntarily assume the risks and danger of injury or death inherent in the use of the horse and equipment provided to me by RIMROCK OUTFITTERS.
3. I understand that "Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to: Section 13-21-120. COLORADO REVISED STATUTES."
4. I agree not to sue RIMROCK OUTFITTERS or any of its employees.
5. I agree to abide by any instructions given by RIMROCK OUTFITTERS with regard to my use of the horse or equipment provided.

I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT IS A PROMISE  
NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS:

Signature and address of adult, or parent/guardian:

**Name** of minor child  
Minimum age 6 yrs.

Signature \_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_

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

(one release per camper please)

Date \_\_\_\_\_

San Juan Bible Camp uses RIMROCK OUTFITTERS for the campers horse program. This is a one time voluntary activity during the week of camp. A signed release form is required before a camper can participate in this activity.

# Camp Information



## **What You Need to Bring:**

Pillow - sleeping bag - modest clothing (shorts that reach mid-thigh, clothing that covers back, undergarments, cleavage, breasts, stomach and buttocks, tank tops with 1.5 inch strap) – modest swim wear (trunks for guys and one-piece suit or swim shirt and shorts that fully covers cleavage, breasts, stomach and buttocks for girls) – pajamas or shirt and sweat pants – jacket – 2 pairs of shoes – bath towel and washcloth – toiletries – Bible – pen – flashlight – camera – insect repellent – sunscreen – money for snack shack account and missions offering

## **Please Do Not Bring:**

Cell phones – radios – ipods – mp3 players – personal gaming systems -- pets – firearms or fireworks – sagging, tight, sheer, low-cut clothing or shirts with large armhole cutouts

## **What You Need to Know:**

Campers have the option of attending camp sessions for both the grade they just completed as well as the grade they will be entering. The Colorado Department of Human Services requires that all original paperwork (Camper Registration, Health Statement and Immunization Record) be completed and signed by a legal parent or guardian before a child can attend camp. Additional release forms, available at camper check-in, are required for some off-site activities.

Space is limited so register early! All registrations must be accompanied by a \$25.00 deposit to reserve a spot. A separate form must be completed for each camper. A camp t-shirt and picture cd are included in the price to attend camp. The deposit is non-refundable unless cancellation is due to family emergency. Refund decisions will be at the camp's discretion. Full payment is due two weeks prior to your arrival at camp. Save Money – take \$50.00 off your total bill by registering before May 1.

Trekker campers start camp at 10:00 a.m. on Wednesday and go home Friday afternoon at 3:00 p.m. Wilderness Backpack Adventure check-in is 10:00 a.m. on the first day and pick-up is between 3:00 and 5:00 p.m. on the last day. A list of needed items for you to bring will be sent upon registration. All other resident camps, check-in is from 3:00 – 5:00 p.m. on the Sunday camp begins. Resident camps end on Friday afternoon from 3:00 – 5:00 p.m. Please do not pick up your camper(s) early without prior notification to the camp office.

Complete and return printed website forms with your deposit to:   San Juan Bible Camp  
14260 Rd 39.9  
Mancos, CO 81328

Scholarships are available upon written request with registration. Please visit [SanJuanBibleCamp.org/Registration.htm](http://SanJuanBibleCamp.org/Registration.htm) to apply or call the camp office at 970-533-7622 to learn more.