



Camper Registration Form

6/10/14

Camper Name _____ M ___ or F ___ Birthdate _____

Mailing Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work 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.

✕ *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 (\$20 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: _____

X 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.

X Signature of PHYSICIAN or NURSE PRACTITIONER _____ Date _____

Parent/Guardian Authorization for Over the Counter Medications

I hereby authorize the properly qualified health supervisor of San Juan Bible Camp to administer, to the above camper, the following over the counter pain medication if necessary: (please circle)

Aspirin

Non-Aspirin

Ibuprofen

Parent(s)/Guardian(s) Name _____

X Parent(s)/Guardian(s) Signature _____ Date _____



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

SOUTHWEST WHITEWATER

RELEASE OF LIABILITY READ BEFORE SIGNING!

In consideration of being allowed to participate in any way in the **Southwest Whitewater, Inc.** program, its' related events and activities, I, _____, the undersigned acknowledge, and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2) **KNOWINGLY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation, if however, I observe any significant hazard during my present participation, I will remove myself from participation and bring such to the attention of the company immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin **HEREBY RELEASE, IDEMNIFY, AND HOLD HARMLESS** Southwest Whitewater, Inc. their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used for the Southwest Whitewater, Inc., **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the full extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS' TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT:

X _____ AGE: _____ Date signed: ___/___/___
PARTICIPANT'S SIGNATURE

FOR PARENTS /GUARDIANS OF PARTICIPANTS OF MINORITY AGE: (Under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participate in these programs as provided above, **EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____ date signed: ___/___/___
PARENT/GUARDIAN'S SIGNATURE (printed name)

*This form is only for campers grades 7-12.

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:

Parent / Guardian Signature _____ Name of minor child _____
(Minimum age 6 years)

Parent / Guardian 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 (no short shorts or clothing that shows midriff, cleavage, or any part of your undergarments) – modest swim wear (one piece for girls, trunks for guys) – 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

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.

If a camper has any food allergies or dietary restrictions it is your responsibility to contact the camp office prior to attending camp to make arrangements for substitutions.

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 \$20.00 off your total bill by registering before May 1.

Trekker campers start camp at 10:00 a.m. on Wednesday and can be picked up Friday afternoon between 3:00 and 5:00 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.

Camper check-in for all other resident camps is from 3:00 to 5:00 p.m. on the Sunday camp begins. Resident camps end on Friday and campers can be picked up between 3:00 to 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 call the camp office at 970-533-7622 to learn more.