



2018 REGISTRATION FORM

Deposit of \$25.00 is required with this form.

This registration fee is part of the total cost. A late fee of \$15 will be added to all registrations received less than 30 days before session(s) the camper is attending

CAMPER INFORMATION

Name		Session Attending	
Address		School Grade Entering	
City	State	Zip	Age
Primary Phone	Male / Female		Date of Birth
Church	Baptized by Immersion Y / N		

PARENT / GUARDIAN INFORMATION

Parent/Guardian	
Address	
City	State Zip
Home Phone	Cell Phone(s)
Dad's Work #	Mom's Work #
Email	

EMERGENCY CONTACT

Please list someone other than parent/guardian. In case of an emergency, parent/guardian will be contacted first. If parent/guardian cannot be located by phone, the emergency contact person will be called.

Name:	Relationship:
Home Phone	Cell phone(s)

Medical History

Date of last Tetanus Booster	Up to date Vaccinations Y / N
Allergies Food Y / N Which foods? Hay Fever Y / N Bee Sting Y / N Other: Poison Ivy Y / N Penicillin Y / N Sunscreen Y / N	
My child may receive if needed Tylenol Y / N Advil Y / N Benadryl Y / N Pepto-Bismol Y / N Hydrocortisone Cream Y/N Basic First Aid Y/N	
My child has (circle any that apply)	

Health Provider

<input type="checkbox"/> No Insurance
Insurance Company
Insurance Phone
Insured's Name
Insured's Date of Birth
Policy #
Group #

- | | | |
|---------------|-------------------|----------------------|
| Asthma | Epilepsy | Autism |
| Migraines | Ear Infections | Seizures |
| Heart Disease | ADD/ADHD | Asperger's |
| Diabetes | Sleepwalks | Mental Health Issues |
| Bedwetting | Behavioral Issues | Nightmares/Terrors |
| PDD | Other: | |

All medications **must** be in their **original containers** with correct dosage clearly marked and given to the Health Care Provider at registration.

In order to reduce the number of pharmaceuticals, please refrain from sending vitamins and over-the-counter medicines unless deemed medically necessary.

Please give us any additional information that will be helpful to your child and staff:

CAMP T-SHIRT SIZE

Size: Adult XXL Adult XL Adult Large Adult Medium Adult Small Youth Large Youth Medium Youth Small

For Office Use Only

Amount Paid _____ Amount Paid _____
 Church Check # _____ Church Check # _____
 Personal Check# _____ Date Received _____
 Postmarked _____ Date Processed _____
 Confirmation Sent _____

For Office Use Only

2018 Summer Camp Schedule		Mailing Address
<p><u>Overnight Camps</u></p> <p>1st Junior (Ages 7-10) June 10-15: \$175</p> <p>1st Intermediate (Ages 11-14) June 17-22: \$175</p> <p>Wilderness (Ages 12-17) June 24-29: \$175</p> <p>Discovery (Ages 7-9) June 25-28: \$100</p> <p>Deeper Life (Ages 14-17) July 1-6: \$90</p> <p>2nd Junior (Ages 8-11) July 8-13: \$175</p> <p>High School (Ages 14-17) July 15-20: \$175</p> <p>2nd Intermediate (Ages 10-13) July 22-27: \$175</p>	<p>Music & Drama (Ages 12-17) July 29-Aug 3: \$200</p> <p>Explorers (Ages 5-7) Aug 5-7: \$80</p> <p>Tech Camp (Ages 12-17) Nov 2-4: \$100</p> <p><u>Day Camps</u></p> <p>JC Boot Camp #1 (Ages 14-17) May 26: \$15</p> <p>JC Boot Camp #2 (Ages 14-17) June 2: \$15</p> <p>Day Camp # 1 (Ages 4-6) June 30: \$45</p> <p>Pathfinders Day Camp (Ages 6-10) July 2-6: \$135</p> <p>Day Camp # 2 (Ages 4-6) July 21: \$45</p>	<p>Return registration form and fee to: Roanoke Christian Camp P O Box 1134 Washington, NC 27889</p> <p>Deposit of \$25.00 is required with this form. This registration fee is part of the total cost.</p> <p>Camp cost is refundable. A \$25 administrative fee will be charged if the Camp Office is notified of the cancellation less than 30 days before session begins.</p> <p>If you have any questions, please feel free to call RCC at 252.946.5329, or email us at office@roanokechristiancamp.com</p>
CHURCH PAID SCHOLARSHIPS		
<p>If your church is willing to help with the camp fee, your church minister or treasurer <u>must sign below before returning</u> form. Payment of fees on unsigned forms will be your responsibility.</p>		
Amount \$	Minister's Signature	

Important Information

- Camper Age Policy:**
Your camper must register for their own age group. We are, unable to accommodate any request to make an exception to camp policy.
- Risk of Injury:**
 - I give permission for my child to participate in learning and recreational activities and to be bound by all camp policies regarding behavior and dress.
 - I give permission for my child to participate in the full range of camp activities including swimming, archery, low ropes and group sports. I acknowledge that the natural conditions of the camp, and the interaction with other children of various ages may subject my child to risk of injury.
- Photograph/Video:**
By registering my child in the programs of Roanoke Christian Camp, I give my consent for the camp to use my child's photograph & video footage in camp promotion, publicity and website.
- Waiver of Liability:**
 - In case of emergency,** I hereby give permission to hospitalize, secure treatment for and to order anesthesia or surgery for my child named on this form. I understand that every effort will be made to contact me in case of such an emergency, if possible, before any such treatment is administered. I accept primary responsibility of medical coverage while my child is participating in camp session.
 - In case of accident,** I will not hold Roanoke Christian Camp, its staff, management, faculty, volunteers or its officers liable. Further, I waive any claim or cause of action against the foregoing parties which may arise as a result of an accident or an injury to my child.
 - I hereby release Roanoke Christian Camp from any responsibility other than normal supervision and care. Further, I understand that Roanoke Christian Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.

Parent/Guardian Signature _____ Date _____