



2021 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

Health Provider

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

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

My child has (circle any that apply)

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 (if size is not circled, your child will not receive a shirt)

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

For Office Use Only

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

For Office Use Only

2021 Summer Camp Schedule

Mailing Address

Overnight Camps

Deeper Life (Ages 13-17)

May 30-June 4 | \$110

1st Junior (Ages 7-10)

June 6-11 | \$195

1st Intermediate (Ages 11-14)

June 13-18 | \$195

High School (Ages 14-17)

June 20-25 | \$195

2nd Junior (Ages 8-11)

June 27-July 2 | \$195

Music & Drama (Ages 12-17)

July 4-9 | \$220

2nd Intermediate (Ages 10-13)

July 11-16 | \$195

Wilderness (Ages 13-17)

July 18-23 | \$195

Discovery (Ages 7-9)

July 19-22 | \$110

Explorers (Ages 5-7)

July 25-27 | \$95

3rd Junior (Ages 8-11)

July 27-30 | \$110

Day Camps

JC Boot Camp #1 (Ages 14-17)

May 1 \$20

JC Boot Camp #2 (Ages 14-17)

May 15: \$20

Pathfinders Day Camp (Ages 6-10)

May 31-June 4: \$155

Day Camp # 1 (Ages 4-6)

June 12: \$50

Day Camp # 2 (Ages 4-6)

July 17: \$50

Return registration form and fee to:

Roanoke Christian Camp
P O Box 1134
Washington, NC 27889

Deposit of \$25.00 is required with this form.

This registration fee is part of the total cost.

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.

For \$15 you may request up to 2 campers for your child to room with. These campers must also request your child to be considered. We will do our best to accommodate:

CHURCH PAID SCHOLARSHIPS

If your church is willing to help with the camp fee, your **church minister or treasurer must sign below before returning** form. Payment of fees on unsigned forms will be your responsibility.

Amount \$

Minister's Signature

Important Information

1. **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.
2. **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.
3. **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.
4. **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 _____