

2010 Adult Registration Form

Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Cell/Work Number: _____
 Email: _____
 Home Church & City: _____
 Date of Birth: ___/___/___ Date of Birth (spouse): ___/___/___
 1st time RRCC Camper: Yes No
 Baptized (immersed) believer: Yes No

Camp Session(s): _____ + \$ _____
Earth Lodge
 (Add \$30/room for Family Camp, Alumni, or YAH) + \$ _____
White Oaks Lodge
 (Add \$30/room for Family Camp, Alumni, or YAH) + \$ _____
Extra Meals (\$6/meal)
 (Ages 4-9/\$3—Ages 0-3/Free) + \$ _____
TOTAL AMOUNT DUE = \$ _____

PAYMENT METHOD:

Cash Personal Check Church Check
 Credit Card (Visa, MasterCard, or Discover)
 Print Name on Card: _____
 Card # _____ Exp. Date: ___/___
 Signature: _____
 Total Amount Enclosed: \$ _____

For Office Use Only

Health Form Date Postmarked _____
 Dean's Letter Balance Due _____

Complete form, enclose fee, and send to:

Rock River Christian Camp

16486 W IL Route 64, Polo, IL 61064
 Phone: 815-493-6622 Fax: 815-493-2374
 office@rockrivercc.net www.rockrivercc.net

Check Session(s) you plan to attend

Camp Session	Dates	Fees
<input type="checkbox"/> Young At Heart 1	May 11	\$25.00
<input type="checkbox"/> Golf Outing	May 22	\$65.00
<input type="checkbox"/> Family Camp	May 28-31	\$45.00/person \$160 max/family
<input type="checkbox"/> Alumni Reunion	September 3-6	\$45.00/person \$160 max/family
<input type="checkbox"/> Marriage Retreat	September 10-11	\$72.00
<input type="checkbox"/> Young At Heart 2	September 21	\$25.00
<input type="checkbox"/> Men's Summit	September 24-25	\$50.00
<input type="checkbox"/> Ladies Crafting Retreat	November 12-14	\$72.00

Signature on this registration application:

- Indicates my/our understanding and compliance to all rules and policies of RRCC as outlined in the camp brochure.
- Gives Rock River Christian Camp permission to use any pictures of me/my family in camp publicity.
- Authorizes camper's participation in all recreation and events as well as use of any/all recreational facilities/equipment at Rock River Christian Camp (i.e. pool, trails, creek, hay wagon, farm, etc.).
- Gives RRCC permission to transport camper(s) off grounds for activities out-line in the summer brochure (i.e. horse farm, local parks, paintball, etc.).

Camper Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

Please complete both sides of this registration form.

FAMILY CAMP or ALUMNI REUNION

Please list names & ages/grade of all attending:

Name _____ Age/Grade _____

GOLF OUTING

List Names in Foursome

- 1. _____
- 2. _____
- 3. _____
- 4. _____

LADIES CRAFTING RETREAT

Type of craft you will be doing: _____

Table space needed: 4 foot rectangular 8 foot rectangular
 5 foot round

Roommate(s) Request: _____

The following **over-the-counter medications** are supplied in our First Aid Station. They may be administered as deemed necessary by the camp medical professionals, unless otherwise advised.

PLEASE CROSS OUT (X) ANY YOU DO NOT WANT ADMINISTERED. (These supplies may be generic)

- | | | |
|------------------------|----------------------------|-----------------------|
| <i>Midol</i> | <i>Visine</i> | <i>Ibuprofen</i> |
| <i>Maalox</i> | <i>Antibiotic Ointment</i> | <i>Swim Ear Drop</i> |
| <i>Sudafed</i> | <i>Robitussin</i> | <i>Throat Lozenge</i> |
| <i>Campho Phenique</i> | <i>Acetaminophen</i> | <i>Pepto</i> |

2010 Health & Consent Form
(Each camper must have own health form)

Camper Name: _____
Emergency Contacts and Phone Numbers: _____

Date of last DPT ____/____/____ Date of Birth ____/____/____
Insurance Information: Please send a copy of your insurance card (front & back) with this form.

Employee's Name: _____
Health Insurance Company: _____
Policy Number: _____

Medical Concerns: (check all those that apply)
 Asthma Sleep Walking Epilepsy
 Diabetes Bed Wetting ADD/ADHD
 Allergies _____ Other _____

Special Needs or Concerns: (including allergies) _____

Medication Name, Dosage, and Frequency

Emergency Treatment Release:
In case of serious sickness or injury, Rock River Christian Camp has my authorization to secure such medical attention as is deemed necessary, if unable to communicate with me immediately. As a parent/guardian, I accept primary responsibility of medical coverage on accidents and illness while the camper is a Rock River Christian Camp. The camp's insurance will be secondary for injuries only.

Parent/Guardian Signature: (for those under 18) _____
Print Name: _____
If parent/guardian cannot be reached, please provide contact person other than parent/guardian.
Emergency Contact: _____
Relationship to Camper: _____
Emergency Phone #: _____