

Camper Registration Form

****Registration Deadline is Tuesday, Feb. 20, 2018! (Postmarked by)**

***Form AND deposit must be postmarked by Feb. 20 to avoid late fee**

Camper Last Name		First Name		Nickname	M.I.	Gender: (circle one) Female Male	
Mailing Address				City	State	Zip	
Birthdate / /	Age	Grade 2017-2018	Home Church & Town		Camper Email		
Custodial Parent/Guardian Name(s): If under 18			Home Phone ()	Work Phone ()	Parent Email		
Custodial Parent/Guardian Address: If same as camper, check box <input type="checkbox"/>			Cell Phone ()	Additional Emergency Contact: Name: Phone:			
A completed health form (page 2) MUST accompany this registration. Your registration will NOT be complete without your completed health form			Full names & phone # of others authorized to pick up camper if other than church van: Check box if your camper will leave camp in your church var <input type="checkbox"/>				

DEPOSIT of \$30 is due WITH registration form.

CAMP		Camp Date	**Deadline	Registration Fee	**Fee after Deadline
ROC 2018		March 2-4	Reg. Deadline Feb. 20	\$135	\$150

* \$30 Non-refundable DEPOSIT Due with registration -	\$30.00
Balance due upon arrival at camp	\$105.00
Add \$15 if postmarked after Feb. 20th	\$ _____
TOTAL	\$ _____

Interest charges will be applied to balance if not paid upon arrival.



Save time and register online!
Sacramentocamp.org



***A completed health form (page 2) MUST accompany this registration.**

Parent/Guardian Signature _____

Parent/Guardian Covenant

I enter into covenant with my Lord, my child, the counselors, the dean, the other campers and the other parents for the purpose of creating a Christian community while my child is at camp.

As part of the covenant, I will:

- ★ Send my child willingly and prayerfully
- ★ Talk with my child about proper behavior while at camp
- ★ Assume responsibility for willful damage done by my child, either to camp property or to the property of the other campers
- ★ Send with my child only those items necessary for a good camping experience: appropriate clothing, necessary medications and instructions, personal hygiene items, etc.
- ★ Come to the camp and take my child home when called, if in the opinion of the camp dean and executive director, the camper is unwilling or unable to fulfill his/her covenant, as evidenced by his/her continuing disruption of the camping experience.

Camp activities at Sacramento may include but are not limited to adventure related activities possibly taking place in a rugged mountain setting, which may include activities with horses. I do hereby assume all risk of this risk and any other ordinary risk incidental to the camp setting and will hold the NM Annual Conference, Sacramento and their Trustees, employees and agents harmless from any and all liability. I grant permission to Sacramento to use photos the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, and/or on the camp's website. My signature also indicates that I have read Sacramento's Activities Release Form, Horse Activities Release Form, and Technology Acceptable Use Policy and that my child will abide by the provisions included in these policies.

These policies can be found at <http://sacramentocamp.org/about-us/connect> or call Sacramento for a copy. **Parent Signature** _____

Make checks payable to: SCCC

Mail to: PO Box 8 Sacramento, NM 88347
Fax: 575.687.4219 Phone: 575.687.3414

PLEASE INCLUDE YOUR DEPOSIT!

info@sacramentocamp.org
www.sacramentocamp.org

ROC Camper Health Form

(This form is required and must accompany page 1 for your child to be fully registered.)

Camper Name: _____ **Camp Attending:** 2018 ROC Winter Retreat

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. This form must be filled out to the best of your knowledge.

Immunizations - Because our camp program has a potential for communicable diseases, we recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief). You are required to select the appropriate option concerning your child's immunizations below:

_____ My child has received all immunizations required for school. I understand that Sacramento requires me to provide the date (month/year) of my child's last tetanus shot: _____ Last Tetanus shot: ____/____/____

_____ My child has not been fully immunized, and I understand and accept the risks to my child due to not being fully immunized.

Signature of Custodial Parent/Guardian: _____

Date: _____ Relationship to camper: _____

Recent (or serious) operations or serious injuries (dates): _____

Chronic or recurring illness, allergies, or medical condition: _____

Dietary restrictions or special requests _____

Activities to be encouraged or limited _____

Current medications (send prescriptions in original container with instructions) _____

(Note: Camp not usually equipped to give shots) _____

***Suggestions on health related information for camp personnel (short attention span, depression, etc.) _____

For Females: Has this camper been informed about age appropriate female related health care issues? _____ yes _____ no

Insurance Information:

Please Note: Camper's insurance coverage, through the camps, is provided as a "secondary" or "back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

Medical Insurance Company _____ Group# _____
Policy# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

To The Best of My Knowledge

is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Parent/Guardian Signature _____ Date _____

Alternate Emergency Contact: _____

Relationship: _____ Phone # _____