

2024 Registration Form

Complete both sides of form, enclose the minimum deposit, and send to:
Rock River Christian Camp 16486 W IL Route 64, Polo, IL 61064
Phone: 815-493-6622 Fax: 815-493-2374
rrccoffice@gmail.com ♦ www.rockrivercc.net

| | |
|--------------------------------------|---|
| For Office Use Only | |
| Date Postmarked: _____ | |
| Health Form <input type="checkbox"/> | Dean's Letter Sent <input type="checkbox"/> Equestrian Release <input type="checkbox"/> |
| E-mailed <input type="checkbox"/> | Copied <input type="checkbox"/> |
| Other _____ | GML ID _____ |

Camper Name: _____ Male Female
DOB: ____/____/____ Grade in Fall: _____ 1st time RRCC Camper: Yes No
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian Name(s): _____
Home/Cell Phone: _____ Cell/Work Number: _____
Parent/Guardian Email: _____ Student Email: _____
Home Church Name and City or Denomination: _____
Baptized (immersed) believer: Yes No Where did you hear about us? Church Friend Online Other _____
Roommate Preference 1: _____ Roommate Preference 2: _____

Health Information

Please provide a current photo to insure
100% accuracy in administering medication.

Medical Concerns: (check all those that apply)

Asthma Sleep Walking Epilepsy Diabetes Bed Wetting ADD/ADHD Allergies _____

Special Needs or Concerns:

Date of last DPT ____/____/____ (Diphtheria, Pertussis (whooping cough), and Tetanus – best of your knowledge)

ALL **PRESCRIPTION MEDICATION** MUST BE IN THE **ORIGINAL CONTAINER**, LABELED WITH THE CAMPER'S NAME, NAME OF THE MEDICATION, CURRENT DOSAGE AND TIME TAKEN, PHYSICIAN'S NAME, AND PHARMACY NAME. **ALL MEDICATIONS WILL BE COLLECTED BY THE TRAINED MEDICAL PERSONNEL UPON ARRIVAL AT CAMP.** ALL **OVER-THE-COUNTER MEDICATIONS** MUST BE IN THE **ORIGINAL CONTAINER**, LABELED WITH THE CAMPER'S NAME AS WELL.

| Medication Name | Dosage | Frequency |
|-----------------|--------|-----------|
| | | |
| | | |
| | | |

Insurance Information: Please send a copy of your insurance card (front & back) with this form.

Employee's Name: _____ Health Insurance Company: _____

Policy Number: _____

Release of Liability (Please Read Carefully and Sign Below):

- Indicates camper's understanding and compliance to all rules and policies of RRCC as outlined in the camp brochure or on the camp website.
- Gives Rock River Christian Camp permission to use any pictures/videos of camper in camp publicity. (Check if not permissible)
- 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 also understand that the **zip line, high ropes course, and playing paintball** are **POTENTIALLY DANGEROUS**. I will not hold Rock River Christian Camp, it's employees, agents, or officers liable for any injuries sustained in any of the activities at the camp unless guilty of negligence. Please check any activities you **do not** give permission for your camper to participate in:
 Paintball (10 years old+), Zip Line (45lbs+), High Ropes Course, Traverse Wall, Hayrack Ride, or Pool
- Gives RRCC permission to transport camper off grounds for activities outlined in the summer brochure or Dean's Letter.
- 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. I or as parent/guardian, accept primary responsibility of medical coverage on accidents and illness while camper is at Rock River Christian Camp. The camp's insurance will be secondary for injuries only.

Camper's Signature: _____ Date: _____

Parent's/Guardian's Signature (if under 18): _____ Date: _____

Emergency Contact(s) and Phone Number(s): _____

Camper Ride Home: _____ Verified (office use)

Notes: _____

Check session(s) you plan to attend:

Youth Events

| Session | Grade Entering | Date | Cost | Session | Grade Entering | Date | Cost |
|--|-----------------------------------|---|----------|--|-----------------------------------|--|----------|
| <input type="checkbox"/> Teddy Bear (TB) | 1 st & 2 nd | June 14 th -15 th | \$100.00 | <input type="checkbox"/> ELEVATE-Jr. High Main (ELE) | 6 th -8 th | June 23 rd -28 th | \$365.00 |
| Adult attending with camper: _____ | | | | <input type="checkbox"/> EDGE-HS Main (EDG) | 9 th -Just Graduated | June 16 th -22 nd | \$385.00 |
| <input type="checkbox"/> EMBARK-Jr. Main (EMK) | 3 rd -5 th | July 7 th -12 th | \$365.00 | <input type="checkbox"/> Boy's Paintball (BP) | 7 th -Just Graduated | July 7 th -12 th | \$340.00 |
| <input type="checkbox"/> Equestrian (EQU) | 5 th -8 th | June 16 th -22 nd | \$495.00 | <input type="checkbox"/> Encampment | 6 th -12 th | January 13 th -15 th | \$ 85.00 |

Adult Events

| Session | Date | Cost | Session | Date | Cost |
|--|------|------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Family Camp (FAM) | TBD | \$ TBD/person \$TBD max./family | <input type="checkbox"/> Women's Retreat | May 17 th -18 th May 18 th only | \$ 55.00/person \$ 25.00/person |
| <input type="checkbox"/> Golf Benefit (GB) | TBD | \$ 75.00 | <input type="checkbox"/> Ladies' Crafting Retreat (LCR) | November 7 th -10 th | \$130.00 |

T-shirt Size – Youth Small / Youth Medium / Youth Large / Small / Medium / Large / XL / 2XL / 3XL / 4XL – **Please circle a shirt size.**

Camp Session(s) _____ (+)\$ _____

Partnership Voucher Discount _____ (-)\$ _____
(Must have voucher)

Church Voucher Amount (must have voucher) (-)\$ _____

Scholarship Assistance _____ (-)\$ _____
(Must submit request form)

Early Bird Discount (postmarked by May 1st) _____ (-)\$ _____
(\$10 off one- three-night camps and \$20 off week-long youth camps)

Multiple Camper Discount (youth camps only) (-)\$ _____
(\$5 off per registration for families with multiple registrations)

Bring a Friend Discount (youth camps only) _____ (-)\$ _____
(One-three-night camps -\$15 off, all week-long camps - \$30 off
The friend that does the inviting will receive the discount.
All friends must register for camp and be **new** to RRCC to qualify.)

Name(s) of friend(s) _____

Scholarship Fund Donation of \$10.00 Yes No

Paintball Rental Kit (+)\$ _____
(\$50 – Boy's Paintball Camp Only – Or bring your own equipment)

Paintballs (\$28/1000) (+)\$ _____
(Boy's Paintball Camp Only - or bring your own paintballs)

Extra Meals (\$6/meal) (+)\$ _____
(Ages 4-9/\$3—Ages 0-3/Free)

TOTAL AMOUNT DUE = \$ _____

DEPOSIT (Minimum of half the total amount) _____ (-)\$ _____
due must accompany registration. Church voucher not valid as deposit, unless paying the whole amount.)

REMAINING BALANCE DUE = \$ _____

PAYMENT METHOD

Cash Personal Check # _____ PayPal Church Check # _____ Credit Card
(MasterCard, Visa, Discover, and American Express)

Card # _____ Exp. Date: _____ / _____ CVC# _____

Signature: _____ Print Name: _____

Card holder's address and phone is the same as camper address. Card Holder's Phone: (_____) _____

Address of Card Holder: _____ City/State: _____ Zip: _____

All forms are available on the camp website <http://www.rockrivercc.net/forms>.

Additional Forms Needed: Equestrian Camps needs Equestrian release forms.

If you do not send form with registration, we will send along with the Dean's Letter.

Family Camp

Please list names & ages/grade of all attending:

| <u>Name</u> | <u>Age/Grade</u> |
|-------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Ladies' Crafting Retreat

Type of craft you will be doing: _____

Table space needed:

4-foot space 8-foot space
 6-foot space

Golf Benefit

List Names in Foursome

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