

IMPORTANT NOTE: REGISTRATION WILL NOT BE ACCEPTED UNLESS BOTH PARTS OF FORM ARE COMPLETED

HERE'S MY PRE-REGISTRATION FOR THE CAMP CHECKED AT THE RIGHT:

Name _____ Birth Date _____ Age _____ Sex _____
 Address _____ Box _____
 City/State _____ Zip _____
 Area Code _____ Phone _____ E-Mail _____
 Your Church _____ Pastor's name _____
 Church address & phone _____
 Parents or Guardian _____

I would like to room with (1st Choice Only) _____

(No more than 3 close friends will be assigned to the same cabin.) Amount Enclosed _____

Note: An offering will also be taken at registration for youths needing camper scholarships.

FREE T-shirt size selection. Check one of the following boxes: Free T-shirt ONLY for those pre-registered by deadline.

YOUTH sizes: Small (6-8) Med (10-12) Large (14-16)

ADULT sizes: S M L XL XXL

REGISTER BY GRADE NEXT FALL

- Junior Camp I, June 20-26, \$140.00*
- Junior Camp II, June 27-July 3, \$140.00*
- Beginners, July 7-10, \$70.00*
- Junior Camp III, July 11-17, \$140.00*
- Junior High Camp, July 18-24, \$140.00*
- Senior High Camp, July 25-31, \$140.00*
- Starters, August 2-3, \$35.00
- Family Camp, August 4-7 (Free-Will Offering)

*\$20.00 pre-registration fee payable 14 days prior to chosen week of camp or a \$20 late fee will be added.

Office use only: Postmarked _____
 Check # _____ Amount \$ _____
 Amt. Due _____ Room: _____

Fold along dotted line to make second side

TO BE FILLED OUT BY PARENT OR GUARDIAN

(All information on this page is required for acceptance)

1. Date of last Tetanus booster _____
2. Any health conditions or behavioral challenges: (ex. Asthma, heart, kidney, epilepsy, diabetes, hay fever, ADHD, or other)? _____

Important Notice: Campers having lice will not be permitted to stay.

3. Allergic Reactions: Bee Sting _____ Food _____ Other _____
4. Should activities of camper be restricted in any way? Yes No
 List _____
5. Will camper be under any special medication while at camp? Yes No
 List _____
6. I give permission for the camp nurse to administer over-the-counter medication as **necessary** to my child (e.g., Tylenol, cold medicine, etc.). Yes No

Camp nurse and first aid are provided at all times without charge.
 Every attempt will be made to notify parents if any emergency treatment is necessary.

The camp insurance is an accident policy only, not a medical illness policy, and is a supplemental policy only. It will pay whatever the camper's insurance does not cover (deductible) up to the limit of the policy. If medical care is needed, it will be billed to the parent or guardian; such bills being sent to your home address are to be paid directly to the medical care facility.

Health Ins. Co. _____

Policy Number _____

PARENT'S CERTIFICATION FOR ALL MINORS: In case of an emergency, every attempt will be made to contact a parent/guardian. If parent/guardian cannot be reached, I give permission to the medical personnel selected by the camp to hospitalize and/or secure any proper treatment necessary for my child.

My son/daughter is able and willing to participate in the camp program and has my consent to register for the Raccoon River Bible Camp. I also give permission for any pictures taken of my child to be used for camp promotional purposes.

Signature of parent or guardian _____ Daytime phone _____