

**IMPORTANT NOTE: REGISTRATION CANNOT 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 (1<sup>st</sup> Choice Only) \_\_\_\_\_  
 Amount Enclosed \_\_\_\_\_ (No more than 3 close friends will be assigned to the same cabin.)

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

T-shirt size selection. Check one of the following boxes. **Free** T-shirt ONLY if registration postmarked 14 days prior to camp. Otherwise, T-shirts are available in bookstore while supplies last.

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

ADULT sizes:  S  M  L  XL  XXL

----- (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)? \_\_\_\_\_

**Note:** 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.

**REGISTER BY GRADE NEXT FALL**

(mark desired camp)

- Junior Camp I, June 24-30, \$160.00\*
  - Beginners, July 1-3, \$80.00 (\$70 early reg.)
  - Junior Camp II, July 8-14, \$160.00\*
  - Junior Camp III, July 15-21, \$160.00\*
  - Junior High Camp, July 22-28, \$160.00\*
  - Senior High Camp, July 29-Aug 4, \$160.00\*
  - Starters, August 6-7, \$45.00 (\$35 early reg.)
  - Family Camp, August 8-11 (Free-Will Offering)
- \$20.00 partial payment required with registration form  
 \*\$20 reduction in cost if **postmarked** 14 days prior to camp

Office use only:

Early  Postmarked \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Amt. Due \_\_\_\_\_ Room: \_\_\_\_\_

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 or videos taken of my child to be used for camp promotional purposes.

Signature of parent or guardian \_\_\_\_\_

Daytime phone(s) \_\_\_\_\_