



Registration 2010

Session by Grade Completed

- | | | |
|-------------------|------------------------|--------------------------|
| May 30 - June 5th | Senior High (9th-12th) | <input type="checkbox"/> |
| June 6 - 12th | Junior Camp (5th-6th) | <input type="checkbox"/> |
| June 13 - 19th | Junior High (7th-8th) | <input type="checkbox"/> |
| June 20 - 24th | Pre-Junior (3rd-4th) | <input type="checkbox"/> |

Fill out the registration form completely; **every area must be answered for the State of Colorado Childcare regulations.** A "type-in" version is available on the Camp Colorado website: <http://www.campcolorado.org>

----- Camper Information -----

Camper First Name _____ Last Name _____ Male Female
Grade completed _____ Age _____ DOB ____/____/____ Home Church _____
Street _____ City _____
State _____ Zip Code _____
Home Phone _____ Cell Phone _____ email _____

If the information is the same as the campers you can say **Same.
Any fields left blank will be assumed to be the same as the camper.**

----- (FATHER / Guardian) -----

Name _____
Street _____
City _____
State _____ Zip Code _____
Home Phone _____
Cell Phone _____
Email address: (home or work) _____

----- (Mother / Guardian) -----

Name _____
Street _____
City _____
State _____ Zip Code _____
Home Phone _____
Cell Phone _____
Email address: (home or work) _____

Place of Employment
Street _____
City _____
State _____ Zip Code _____
Work Phone _____

Place of Employment
Street _____
City _____
State _____ Zip Code _____
Work Phone _____

Emergency Contact (when parents are unavailable) Name _____
Street _____ City _____
State _____ Zip Code _____ Phone _____

----- Campers Health Insurance Company -----

Company Name / Plan Name _____
Plan Number(s) _____
Street _____ City _____
State _____ Zip Code _____ Phone _____



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----- Doctor -----

Name _____
Street _____
City _____
State _____ Zip Code _____
Phone _____

----- Dentist -----

Name _____
Street _____
City _____
State _____ Zip Code _____
Phone _____

Parents view of physical and mental condition of camper

Activities that I **DO NOT** want my camper to participate in.

Persons Authorized to transport Camper to/from Camp: Name _____
Street _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____

Persons specifically **NOT** Authorized to pickup the camper

Name _____ Relationship _____

Would you like to opt-in for our newsletter: Yes No

Remember – your health statement is good for 2 years – so if you had a new one last year - you can use it for **THIS** year.



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I understand that all campers are expected to participate in the camp program and take direction from the Camp Manager, Camp Director, and Counselors/Staff. Campers who are consistently unable to follow Camp rules and take directions, could, at the discretion of the Camp Director or Camp Manager, be asked to leave. Parents, under these circumstances would then be contacted to make arrangements to have their camper picked up before the scheduled end of camp.

I understand that Camp Colorado will provide sunscreen, with a minimum SPF 30 to campers, if the camper does not bring their own sunscreen. **Initial:** _____

I give my permission for my child to make special trips and excursions under camp leadership. I give permission for my child to receive emergency medical care if necessary. I also give permission for my child's image to be used in future Camp promotional materials.

Parent/Guardian Signature: _____ **Date** _____

Authorization for Emergency Medical Care –Health Insurance Information -Parents Complete

I hereby give my permission to Camp Colorado officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, (first and last name) should an emergency arise. It is understood that Camp Colorado officials will make a conscientious effort to locate the emergency contacts listed on the camp registration form before any action is undertaken. If it is not possible to locate emergency contacts listed, I/We accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child's health care insurance, or the limited camp provided insurance).

Parent/Guardian Signature: _____ **Date** _____

Registration, Health Form, and a copy of the Front and Back of your health insurance card should be sent to the appropriate director listed below.

Or Fax to: 509-278-3742

Pre Junior Camp (3rd - 4th)	Junior Camp (5th - 6th)	Jr. High Camp (7th - 8th)	Sr. High Camp (9th - 12th)
June 20-24 \$125	June 6-12 \$150	June 13-19 \$160	May 30 - June 5 \$175
Cindy Kinnamon 600 E. Kansas McPherson, KS 67460		Becky Snell 1529 E Bellows St Apt C, Mount Pleasant MI 48858	Becky Snell Jon Tuttle 1529 E Bellows St Apt C, Mount Pleasant MI 48858
cdkinnamon@sbcglobal.net 620-241-8089		after May 10 1520 Gordon McPherson, KS 67460 becklea82@hotmail.com	after May 10 1520 Gordon McPherson, KS 67460 becklea82@hotmail.com
Registration Incentive Deadline: May 29	Registration Incentive Deadline: May 15	Registration Incentive Deadline: May 22	Registration Incentive Deadline: May 8