

# 2020 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

<b>For Office Use Only</b>	
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: \_\_\_\_\_ 1<sup>st</sup> 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 <sup>st</sup> & 2 <sup>nd</sup>	June 26 <sup>th</sup> -27 <sup>th</sup>	\$ 90.00	<input type="checkbox"/> SEEK-Jr. Wilderness (SEK)	4 <sup>th</sup> -6 <sup>th</sup>	June 21 <sup>st</sup> -26 <sup>th</sup>	\$265.00
Adult attending with camper: _____				<input type="checkbox"/> ELEVATE-Jr. High Main (ELE)	6 <sup>th</sup> -8 <sup>th</sup>	June 28 <sup>th</sup> -July 3 <sup>rd</sup>	\$280.00
<input type="checkbox"/> First Chance (FC)	3 <sup>rd</sup> & 4 <sup>th</sup>	June 23 <sup>rd</sup> -26 <sup>th</sup>	\$160.00	<input type="checkbox"/> Adventure Camp (ADV)	7 <sup>th</sup> -10 <sup>th</sup>	June 28 <sup>th</sup> =July 3 <sup>rd</sup>	\$265.00
<input type="checkbox"/> EMBARK-Jr. Main (EMK)	4 <sup>th</sup> -6 <sup>th</sup>	July 5 <sup>th</sup> -10 <sup>th</sup>	\$280.00	<input type="checkbox"/> Boy's Paintball (BP)	7 <sup>th</sup> -Just Graduated	July 5 <sup>th</sup> -10 <sup>th</sup>	\$280.00
<input type="checkbox"/> Junior Equestrian (JEC)	5 <sup>th</sup> -8 <sup>th</sup>	June 21 <sup>st</sup> -26 <sup>th</sup>	\$425.00	<input type="checkbox"/> EDGE-HS Main (EDG)	9 <sup>th</sup> -Just Graduated	June 14 <sup>th</sup> -20 <sup>th</sup>	\$310.00

**Adult Events**

Session	Date	Cost	Session	Date	Cost
<input type="checkbox"/> Family Camp (FAM)	May 22 <sup>nd</sup> -25 <sup>th</sup>	\$ 70.00/person \$280.00 max./family	<input type="checkbox"/> Young at Heart (YAH)	September 17 <sup>th</sup>	\$ 30.00
<input type="checkbox"/> Golf Benefit (GB)	August 22 <sup>nd</sup>	\$ 75.00	<input type="checkbox"/> Ladies' Crafting Retreat (LCR)	November 12 <sup>th</sup> -15 <sup>th</sup>	\$100.00

**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) (-)\$ \_\_\_\_\_  
**S.A.W. Discount** \_\_\_\_\_ (-)\$ \_\_\_\_\_  
 (\$122.50 per week or prorated)  
**Scholarship Assistance** \_\_\_\_\_ (-)\$ \_\_\_\_\_  
 (must submit request form)  
**Early Bird Discount (postmarked by May 1<sup>st</sup>)** (-)\$ \_\_\_\_\_  
 (\$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** (+)\$ \_\_\_\_\_  
 (\$40 – Boy's Paintball Camp Only – Or Bring your own Equipment)  
**Paintballs (\$25/1000)** (+)\$ \_\_\_\_\_  
 (Boy's Paintball Camp Only -or bring your own Paintballs)  
**Earth Lodge or White Oaks Room** (+)\$ \_\_\_\_\_  
 (Add \$30/room for Family Camp or other)  
**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. \_\_\_\_\_