

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 M F
 Grade this fall _____ Street Address _____ Box _____
 City/State _____ Zip _____
 Phone (_____) _____ - _____ E-Mail _____
 Your Church _____ Pastor's name _____
 Church address & phone _____
 Parents or Guardian _____
 I would like to room with (1st Choice Only) _____
 Amount Paid \$ _____ check PayPal (No more than 3 close friends will be assigned to the same cabin.)

REGISTER BY GRADE NEXT FALL

Mark desired camp:

- Junior Camp I, June 18-24, \$190** or \$170...see + below
- Junior Camp II, June 25-July 1, \$190**
- Junior Camp III, July 5-8, \$95**
- Science Camp, July 5-8, \$95**
- Junior High Camp, July 9-15, \$190**
- Senior High Camp, July 16-22, \$190**
- Starters, July 24-25, \$50* (\$40 early reg.)
- Family Camp, July 26-29 (Free-Will Offering)

***\$20.00 partial payment required with registration form**
+ \$20 reduction in cost if postmarked 14 days prior to camp

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

Office use only:

Early Postmarked/revd _____

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)

Questions? Visit
 www.rrbiblecamp.org or
 call us at (712) 667-3916

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 for the sake of other campers.

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 (original containers only)? 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 or videos taken of my child to be used for camp promotional purposes.

Emergency Contact phone #(s) _____ Signature of parent or guardian _____