

Camp Elohim Registration Form – 2018

PLEASE USE A SEPARATE FORM FOR EACH CAMPER

Camper's Name:		CHECK THE WEEK YOU WILL ATTEND <input type="checkbox"/> K-3 Grades Day Camp Monday-Thursday 9am-1pm June 25-28 \$25.00 Registration closes June 15*			
Mailing Address:		<input type="checkbox"/> 4-5 Grades July 9-14 \$135.00 Registration closes June 29*			
City/State/Zip:		<input type="checkbox"/> 6 -7 Grades July 16-21 \$135.00 Registration closes July 6*			
Home Telephone: () —		<input type="checkbox"/> 8-9 Grades July 23-28 \$135.00 Registration closes July 13*			
Date of Birth (mo/day/year):	Age:	Grade Entering:	<input type="checkbox"/> High School (10-12 Grades) July 30 - August 4 \$135.00 Registration closes July 20*		
<input type="checkbox"/> Male <input type="checkbox"/> Female	If in high school now, what year will you graduate?		* Please Note: After the closing date you must call the camp for availability.		
What church do you attend?		Payments <input type="checkbox"/> Day Camp Fee \$25.00 _____ <input type="checkbox"/> Camp Fee \$135.00 _____ Optional: Pre-pay store for... <input type="checkbox"/> T-shirt Circle size: Adult S M L XL \$15.00 _____ <input type="checkbox"/> Store snacks _____ (\$15-\$25 is sufficient)			
Contact e-mail address (optional):		TOTAL ENCLOSED \$ _____			
Arrival time- 10:00 am Monday morning (9:00 am Monday–Thursday for Day Camp)		Registration: Make check or money order payable to RMBM. Mail it with this form and medical release to: Camp Elohim Registration P. O. Box 400 Troy, MT 59935 (406) 295-1115			
Departure time- 10:00 am Saturday morning (1:00 pm Monday-Thursday for Day Camp)		_____			
Don't forget we are on Mountain Time!					
Discipline Policy Behavior and/or attitudes deemed unacceptable by the discretion of our Camp Director will warrant the camper's prompt dismissal. Parents/guardians will be immediately notified, and will be responsible for the expedient removal of the camper.					
Parental Consent for Minors (anyone under 18 years old) As parent or legal guardian of the camper under the age of 18 being registered, or for myself being over the age of 18, I hereby grant permission for the above named camper to attend Camp Elohim and Retreat Center (Camp Elohim) and consent to its Discipline Policy. I also do hereby release Camp Elohim and Rocky Mountain Bible Mission (RMBM) from any and all liability or responsibility due to any injury that he/she/I may incur as the result of, or arising in any way from, participation in activities at or under the direction of Camp Elohim. I am fully aware and consent to accept these risks and voluntarily agree to allow his/her/my participation in activities.		_____			
I further understand Camp Elohim often takes photographs or videos of participants during activities or events. I grant permission without compensation that these photographs and/or videos may be used in publications, presentations, websites or promotion of Camp Elohim or Rocky Mountain Bible Mission. Camp Elohim will not identify me or my child by name, or release any other personal information without additional written permission from me.					
Clearly print name:		_____			
Signature:		_____			

OFFICE USE ONLY	Cash	Check	Scholarship	Date received:	by _____
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Medical Information and Release

ACCOMPANIES THE CAMPER REGISTRATION



ROCKY MOUNTAIN BIBLE MISSION
Reaching the Rocky Mountain West for Christ

ON THE WEB AT RMBIBLE.ORG

Your child's safety and health are very important to us. We must also meet certain requirements for insurance purposes. It is, therefore, necessary for you to complete and sign this form. Be sure to include it when mailing the application.

Section 1: General Information

Cabin Week Cabin #
Assignment:

Name:

Email address:

Mailing Address (include city, state, & ZIP):

Telephone:

Social Security Number:

Age:

Date of Birth (mo/day/year):

Section 2: Emergency Contact Information

List people we may contact in the event of an emergency. For minors please list both parents and someone outside the household.

Name	Relationship	Day Phone	Evening Phone

Doctor's name (or name of medical practice):

Doctor's Phone:

Section 3: Medical Information

List any medical or food allergies (if none, please write NONE):

List any chronic illnesses (if none, please write NONE):

List any physical limitations (if none, please write NONE):

Date of last Tetanus shot:

List all current medications (if none, please write NONE):

Section 4: Insurance Information and Release

Are you covered by medical insurance? Yes No If yes, provide:

Insurance Company Name

Phone Number

Policy Number

If I cannot be consulted in an emergency, I hereby give permission to the physician/hospital selected by a representative of Camp Elohim or Rocky Mountain Bible Mission (RMBM) to provide emergency treatment for the person named above. I understand that RMBM only carries secondary insurance and that I will take primary responsibility for any fees or charges at any clinic, facility, or hospital arising from treatment of injury or illness. *For any applicant under the age of 18, a parent or legal guardian must sign.*

Printed name:

Signature:

Date: