

CAMP ROCKY-OUTDOOR ENVIRONMENTAL ADVENTURES

Located at: Rocky Mountain Mennonite Camp
709 County Rd. 62 RMMC: 719-687-9506
Divide, Colorado 80814 CACD: 719-686-0020

2020 CAMPER INFORMATION FORM

The Camp Rocky Staff has a sincere concern for the health and well being of each child enrolled. Every precaution is taken to ensure each camper's health and safety. The information and authorization required below will help to provide prompt notification and proper care in case of emergency. Please return these forms by **June 15 or earlier** to: **CACD, PO Box 1175, Lamar, Colorado 81052**

Camper:

Name _____ Age _____

Address: _____ City, _____ ZIP _____

Phone: _____

Sex: ___ M ___ F Date of Birth: _____ School Grade next term _____

Camper Email: _____ T-Shirt Size _____

Parent/Guardian

Name: _____

Address: _____ Home Phone: _____

Relationship to Camper: _____ Work Phone: _____

Email: _____ Cell Phone _____

Employer Information: Mother/Guardian _____

Father/Guardian _____

Emergency Contact: Name _____ Phone: _____

Relationship to Camper _____

Camper's Personal Physician:

Name: _____ Phone: _____

Address: _____

Transportation: Person authorized to transport camper to/from camp if different from parent/guardian

Name: _____ Phone: _____

Parental Authorizations:

Emergency Treatment: In case of emergency, I understand that every effort will be made to contact one of the emergency contacts listed on this document. If it is not possible to locate any of these emergency contacts, I hereby give permission to camp officials to call a doctor or emergency medical service to assist and for said doctor or medical service to provide emergency medical or surgical for this child.

Participation: I hereby give permission for this child to participate in all camp activities, including outings and excursions where campers will be hiking or riding in a vehicle away from camp premises, with the following exceptions:

Pictures/Media: Permission is hereby given for Camp Rocky and the Rocky Mountain Mennonite Camp to use any pictures in which my child appears for publicity purposes. A private Drop Box Account may be used for photo sharing within our group.

Signature: _____ Date: _____