

Rock River Bible Camp
2009 Registration Form – Intermediate Camp

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ - _____ Birthdate ____/____/____

Camper E-mail Address _____

Grade Completed this year _____ Gender: F ____ M ____

Home Church _____

Please put me in a cabin with _____

How many years have you attended RRBC? _____ Years
 Person whom you authorize to sign this camper out at the close of camp?

Parental Permission

The camp hires certified bus drivers to transport campers to a swimming pool less than 30 miles from the camp. Your signature grants permission for your child to ride the bus.

 Parent/Guardian Signature

Several camps use volunteers to provide instruction and experience in water skiing and inner tube rides on the Rock River adjacent to the camp. Your signature grants permission for your child to participate in these activities.

 Parent/Guardian Signature

Pictures are often taken as mementos and a historical record of the camp. Pictures may be made available on a secure web site. Your signature grants permission for your child to be photographed and included on the web site (names of children are never placed on the internet.)

 Parent/Guardian Signature

Health Information

May the camp nurse administer Tylenol if needed? Yes ____ No ____

All medications must be turned in to the nurse at check in. Please list all medications the nurse will dispense to your child during the week and what they are for:

Medication	For:

Please describe any dietary, physical, emotional or behavioral special needs your child has and advise how the staff can best address them. Also list any food allergies. Use other side of page if necessary.

Does your child have an Individual Education Plan (IEP) at his/her school?

Yes ____ No ____

Emergency Information

In case of an accident or medical emergency, every effort will be made to contact you. Please provide the following information.

Father's Work Phone () _____ - _____

Mother's Work Phone () _____ - _____

Cell phone Number () _____ - _____

Additional Number () _____ - _____

Name of alternative contact person: _____

Phone Number () _____ - _____

Emergency Waiver & Insurance

In case of an emergency, if efforts to contact me at the above numbers are unsuccessful, I give my permission to the camp nurse, camp dean or camp Director to authorize any treatment necessary by the attending doctor or hospital staff. I also understand that my family's insurance will be considered the primary insurer in case of sickness or injury that requires emergency treatment at a hospital.

 Parent/Guardian Signature

Camper Code of Conduct

In order to maintain high standards of morality, health and safety, and to abide by the laws of our nation and state, the following rules and policies have been established by the Camping Ministries Board of Rock River Bible Camp. Violation of the rules may be punished up to expulsion from the camp at the parent's expense and financial restitution for willful property damage.

1. The use, possession or distribution of Tobacco, alcoholic beverages, controlled substances, illegal drugs and fireworks is not permitted.
2. There is no swimming in the Rock River. Waterfront activities are limited to fishing, boating, canoeing, water skiing and tubing. Adult supervision must be present at all times during these activities. Life jackets must be worn by all boaters, canoers, tubers and skiers.
3. All prescribed and over-the-counter medicine must be turned over to the Camp Nurse upon arrival at the camp. The nurse will dispense all medications only according to the specific written instructions of the physician or parent/guardian.
4. No food or beverage is to be taken into the cabins.
5. Campers are not permitted to leave the camp grounds or outside activities for any reason without the direct permission of the Camp Dean.
6. Loitering in or around cabins designated for the opposite sex is prohibited.
7. All clothing must be modest and in good taste. No vulgar or offensive language or unwholesome activities may appear on the clothing.
8. Shoes must be worn at all times, except for prescribed activities.
9. Campers are expected to attend and participate in all planned activities and meals unless excused by the Camp Dean.
10. Campers driving vehicles to camp will park them in the designated area and turn all keys over to the Camp Dean.

We have read the above information and will abide by these rules.

Signature of Camper

Signature of Parent/Guardian

Parent's E-mail Address _____