



# Registration 2010

## Session by Grade Completed

- |                   |                        |                          |
|-------------------|------------------------|--------------------------|
| May 30 - June 5th | Senior High (9th-12th) | <input type="checkbox"/> |
| June 6 - 12th     | Junior Camp (5th-6th)  | <input type="checkbox"/> |
| June 13 - 19th    | Junior High (7th-8th)  | <input type="checkbox"/> |
| June 20 - 24th    | Pre-Junior (3rd-4th)   | <input type="checkbox"/> |

Fill out the registration form completely; **every area must be answered for the State of Colorado Childcare regulations.** A "type-in" version is available on the Camp Colorado website: <http://www.campcolorado.org>

### ----- Camper Information -----

Camper First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male  Female   
Grade completed \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_ Home Church \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

**If the information is the same as the campers you can say **Same**.  
Any fields left blank will be assumed to be the same as the camper.**

### ----- (FATHER / Guardian) -----

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email address: (home or work ) \_\_\_\_\_

### ----- (Mother / Guardian) -----

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email address: (home or work ) \_\_\_\_\_

Place of Employment  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_

Place of Employment  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_

**Emergency Contact** (when parents are unavailable) Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### ----- Campers Health Insurance Company -----

Company Name / Plan Name \_\_\_\_\_  
Plan Number(s) \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_



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----- Doctor -----

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

----- Dentist -----

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Parents view of physical and mental condition of camper

Activities that I **DO NOT** want my camper to participate in.

Persons Authorized to transport Camper to/from Camp: Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Persons specifically **NOT** Authorized to pickup the camper

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Would you like to opt-in for our newsletter: Yes  No

Remember – your health statement is good for 2 years – so if you had a new one last year - you can use it for **THIS** year.



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I understand that all campers are expected to participate in the camp program and take direction from the Camp Manager, Camp Director, and Counselors/Staff. Campers who are consistently unable to follow Camp rules and take directions, could, at the discretion of the Camp Director or Camp Manager, be asked to leave. Parents, under these circumstances would then be contacted to make arrangements to have their camper picked up before the scheduled end of camp.

I understand that Camp Colorado will provide sunscreen, with a minimum SPF 30 to campers, if the camper does not bring their own sunscreen. **Initial:** \_\_\_\_\_

I give my permission for my child to make special trips and excursions under camp leadership. I give permission for my child to receive emergency medical care if necessary. I also give permission for my child's image to be used in future Camp promotional materials.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

### Authorization for Emergency Medical Care –Health Insurance Information -Parents Complete

I hereby give my permission to Camp Colorado officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_, (first and last name) should an emergency arise. It is understood that Camp Colorado officials will make a conscientious effort to locate the emergency contacts listed on the camp registration form before any action is undertaken. If it is not possible to locate emergency contacts listed, I/We accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child's health care insurance, or the limited camp provided insurance).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registration, Health Form, and a copy of the Front and Back of your health insurance card should be sent to the appropriate director listed below.**

**Or Fax to: 509-278-3742**

<b>Pre Junior Camp (3rd - 4th)</b>	<b>Junior Camp (5th - 6th)</b>	<b>Jr. High Camp (7th - 8th)</b>	<b>Sr. High Camp (9th - 12th)</b>
June 20-24 \$125	June 6-12 \$150	June 13-19 \$160	May 30 - June 5 \$175
Cindy Kinnamon 600 E. Kansas McPherson, KS 67460		Becky Snell  1529 E Bellows St Apt C, Mount Pleasant MI 48858	Becky Snell Jon Tuttle 1529 E Bellows St Apt C, Mount Pleasant MI 48858
cdkinnamon@sbcglobal.net 620-241-8089		<b>after May 10</b> 1520 Gordon McPherson, KS 67460 becklea82@hotmail.com	<b>after May 10</b> 1520 Gordon McPherson, KS 67460 becklea82@hotmail.com
<b>Registration Incentive Deadline: May 29</b>	<b>Registration Incentive Deadline: May 15</b>	<b>Registration Incentive Deadline: May 22</b>	<b>Registration Incentive Deadline: May 8</b>