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Girl's Availability

Camp	() Junior 1	() Jr. High 1	() Junior 2	() Teens 1	() Intermediate	(Junior High 2)	() Junior 3	() Jr. High 3
Date	July 7-10	July 12-17	July 19-24	July 26-31	August 3-7	Aug. 9-14	Aug. 16-21	Aug. 23-28
Grade in Fall 2010	2-5	6-9	3-6	9-12	5-7	6-9	3-6	6-9
Classic	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL
Classic\ water ski	N/A	FULL	FULL	FULL	FULL	FULL	FULL	FULL
Classic\wakeboard	N/A	FULL	N/A	FULL	N/A	FULL	N/A	FULL
1. Camp Fee Prices include: GST and tuck (canteen). Campers do not need to bring money.							Fee	\$
2. Sibling Discount - Deduct \$25.00 for the second and any additional siblings, when 2 or more attend camp							- Family rate	\$
3. Bus Fee to camp - See below - \$20.00 THERE IS NO RETURN BUS							+ Bus	\$
4. Optional gift for summer staff support							+ Gift	\$
5. Total Fees							Total	\$

Classic waterskiing and wakeboarding openings are limited and will be filled on a first come, first serve basis.

Submit your registration by March 1, 2010 and your name will be entered in a draw to win a free week of camp! Check our web site after the draw date to see who won.

CIT Camp is August 16-28. Cost is \$519 plus GST. Please contact the camp office for more information.

Travel to camp: (Please put a check by your choice) Coming to camp by: Car Winnipeg Bus Steinbach Bus

Parents/guardians must provide return transportation for their campers. Please indicate the name of the person who will pick up this camper: _____

Please print

Payment Options:

1. Register and pay On line www.redrockbiblecamp.com
2. To register and pay by cheques, please enclose one \$75.00 cheque **currently dated** as a deposit, and a second, post dated cheque for the total from line 5 less the \$75.00 deposit (Must be post-dated no later than June 15, 2010). **Both cheques must be included with the registration.**
3. If you are paying by credit card, the **total** camp fee will be charged to your account upon receiving this registration.

To register and pay by credit card, please complete: Check one () MasterCard () Visa

Card # _____ Expiration Date ____ \ ____ \ ____ Total to be charged to your credit card \$ _____

Name _____ Signature _____ Today's Date: ____ \ ____ \ 2010

Please print

Mail **health form**, registration and fees made payable to: **RED ROCK BIBLE CAMP** 204-320 Main Street, Steinbach, MB, R5G 1Z1. When the camp has received your completed registration and **full payment**, an acceptance letter, list of things to bring, transportation information will be sent to you. **If you are paying by credit card**, you may fax your registration to (204-326-1387). **Applications without a health form will not be processed.**

Refund Policy: If cancellation is made **TWO WEEKS** prior to the camp session, the fee **LESS \$75.00** will be refunded. If **LESS THAN TWO WEEKS** prior the camp session, there is **NO REFUND** except for medical emergencies. There is no refund for campers who withdraw from camp for any reason during the camp session, or who are sent home for disciplinary or medical reasons.

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Camper's Name: First__Last __Male Female

Birth date: _____ \ _____ \ _____ Age on July 1, 2010 _____ Grade in Fall 2010
Month Day Year

Address: _____ City\Town _____ Postal Code _____.

Email: _____ Camper lives with Mother Father Both Guardian

Parent\Guardian 1 _____ Home Phone: () _____ Work Phone () _____.

Parent\Guardian 2 _____ Home Phone: () _____ Work Phone () _____.

Every effort is made to honor requests for cabin mates at the discretion of the camp administration. However, the cabin mates your camper requests must also request your camper to be their cabin mate. **Cabin mates must the same age or grade. One or two names only.**

Cabin Mates Requested: 1. _____ 2. _____ Groups of more than 3 will normally be separated.

Church camper attends if any: _____ Town\City _____.

Has Camper attended Red Rock Bible Camp before? Yes No If yes, last year attended was? _____.

Personal Health Number _____ \ _____ \ _____ Health Registration Number: _____

Does the camper have any health, dietary, physical, emotional or behavioural needs which may require special attention while at camp? No Yes If so please include a brief explanation. If yes, the integration coordinator will contact you to ensure a positive camp experience for your child.

Children's Agency Contact Person: _____ Work Phone () _____.

Waivers and Conditions of Enrolment

1. The camp director reserves the right to dismiss a camper, who in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. Transportation in such cases shall be provided by the parents, guardians or sponsoring agency. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary camp discipline. **Possession of and or use of tobacco products, non-prescriptive drugs and alcohol are strictly prohibited.**
2. The parents or guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights.
3. The parents or guardians submitting this application give their permission for any photographs or videos of camp activities which may include their child, to be used in camp promotional materials (including the world wide web) and brochures without any financial compensation.
4. The parent/guardian grants permission for the camper to participate in all Red Rock Bible camp activities.
5. While every precaution is taken for the safety and good health of our campers, Red Rock Bible Camp, its directors and staff members, or the employees of facilities outside of the campgrounds are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to the applicant camper. Each camper must be covered by Provincial Health or equivalent medical insurance.
6. The signature of the parent/guardian on this application shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Camp Director the right to approve and obtain medical attention necessary for the camper's welfare and good health including injection, anesthesia or surgery. In such situations, the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
7. The parent/guardian understands that personal information gathered by Red Rock Bible Camp is used by the camp for it's own purposes and is stored in a secure place.

I have read and hereby accept the waivers, conditions, cancellation policy and other terms of this registration:

Parent/Guardian Signature: _____ Date: _____

BIBLE MEMORY PROGRAM

If you would like to participate in the Bible Memory Program and help earn your way to camp, please circle which form you need. Bible books may be memorized in any order. You will receive a certificate at camp and we will mail a refund of \$10 per assignment memorized after you have attended camp. Maximum 12 assignments per year.

Philippians Colossians 1 John Matt. & Luke Matthew John Ephesians James

2010 RRBC Camper Health Medical Form

Please mail Registration together with Medical form to: Red Rock Bible Camp, 204 – 310 Main St, Steinbach, MB R5G 1Z1

This medical form must be returned with the Camp registration form. Camper will NOT be accepted without it.
Note: For campers with asthma, allergies or other more severe health issues, please see doctor's statement on reverse.

First name: _____ Last Name: _____ M F

Mailing Address/Town and Province: _____

Postal Code: _____ Phone #: _____ Age: _____

Birthday / / MHSC #: _____ PHIN #: / /
 dd mm yyyy

Camper's Doctor: _____ Phone #: _____

Session attending Camp: _____ Dates attending: _____

In case of Emergency:

Mother's Name: _____ Home #: _____ Work #: _____

Father's Name: _____ Home #: _____ Work #: _____

Phone # parent can be reached at during camper's stay at camp (if different than above): _____

Alternate contact person: _____ Phone#: _____

Relationship to camper (Please circle) Grandparent Aunt Uncle Friend Other

Health History:

Date of last physical exam: _____ Are immunizations up to date: Yes No

Date of last Tetanus shot: _____

Please list any allergies to food, medication or other (such as pollen, dust, pets etc.)

Asthma: No Yes, what triggers an attack?

Treatment: _____

If your child has asthma, or if your child has any allergic reactions that require medication or medical attention to treat it, have a doctor fill in the statement on the reverse side of this sheet.

NOTE: Red Rock's closest medical facility is about one hour from camp.

Is the camper subject to: (please check)

ear aches bedwetting sore throat stomach aches cough frequent head aches migraines
 sleep walking eye problems seizure disorder other: _____

To assist the nurse in providing treatment for any of the above, please explain how you treat the condition (e.g. 1 Tylenol, rest, etc.)

Does the camper have any other current physical/psychological/emotional or behavioral conditions?

(e.g. Diabetes, epilepsy, attention deficit disorder, any phobias) Please list and explain treatment.

Signature: _____ Date: _____

Print Name _____

Activity restrictions No Yes, please explain.

Females: menstruating Yes No Is aware of it's possible onset/concerns

Medications:

List any medication, dosage and time(s) camper is taking:

PLEASE NOTE: All medication must be sent to camp in the **ORIGINAL CONTAINER**. Please send a sufficient supply plus **detailed instructions** regarding the administration. Medications will be administered by the camp nurse.

I herewith give consent for the camp administration to secure medical treatment in the event of an emergency. I give permission for the medical staff to administer medication. I give permission for qualified staff to administer and Epi pen if needed. In such situations, the camp will attempt to notify the parents as soon as possible.

I the parent/guardian am responsible for any additional expense that may result from such services.

I will notify the camp in writing if any change occurs in the camper's health within 6 weeks prior to attending camp.

I certify that the information given in this medical form is complete and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____.

Note: In the event of serious illness, accident or other emergency, parents/guardians will be contacted.

If camper has asthma, or an allergy that requires medication or medical attention to treat it, or if camper has been exposed to an infectious disease or serious illness within the past six weeks, or has any other medical problem, please have your medical doctor complete the medical doctor's statement.

Medical Form must accompany Registration Form

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MEDICAL DOCTOR'S STATEMENT

I have examined (Camper's name): _____.

Recommendations:

Physical Activity restrictions:

Medications:

Remarks:

Physician's Name: _____ Phone: _____ .

Signature: _____ **Date:** _____.