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| Camp Elohim Registration Form – 2024 please use a separate form for each camper | | | | | | | | | | | | | | | | | | | | | | | |
| Camper’s Name: | | | | | | | | | | | | | | | | check the week you will attend 🞏 Wintertainment $60 Feb. 2-4 4-5pm Friday-Sun 11am-noon  🞏 High School (10-12 Grades)  June 17-21 by 5/31 $150.00  Registration closes June 7  🞏 Jesus Kids Day Camp K-3rd  June 24-28 9am-1pm $35.00  Registration closes June 14  🞏 4-5 Grade  July 8-12 by 5/31 $150.00  Registration closes June 29  🞏 6 -7 Grade Girls  July 15-19 by 5/31 $150.00  Registration closes July 5  🞏 6 -7 Grade Boys  July 22-26 by 5/31 $150.00  Registration closes July 12  🞏 8-9 Grade Boys & Girls  July 29-Aug 2 by 5/31 $150.00  Registration closes July 19  **After May 31st registration cost is $170.00**  **\* *Please Note: After the closing date you must call the camp for availability.***  Payments  🞏 Winter Camp Fee $60.00 \_\_\_\_\_  🞏 Camp Fee $150.00 by May 31 After 5/31 cost is $170.00 \_\_\_\_\_  Optional: Pre-pay store for…  🞏 T-shirt Circle size:  Adult S M L XL $18.00 \_\_\_\_\_\_  🞏 Store snacks (only summer) \_\_\_\_\_\_ ($15-$30 is sufficient)  TOTAL ENCLOSED $ \_\_\_\_\_\_  Registration: Make check or money order payable to Camp Elohim. Mail it with this form and medical release to:  **Camp Elohim**  **22300 Bull Lake Rd**  **Troy, MT 59935**  (406) 295-1115 | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | |
| City/State/Zip: | | | | | | | | | | | | | | | |
| Telephone #:  Cell or Home (               )                — | | | | | | | | | | | | | | | |
| Date of Birth (mo/day/year): | | | Age: | | | | | | Grade Entering: | | | | | | |
| Biological 🞏 Male 🞏 Female | | | Would you like to receive emails about upcoming events at camp?🞏Yes 🞏No | | | | | | | | | | | | |
| What church do you attend? | | | | | | | | | | | | | | | |
| Contact e-mail address: | | | | | | | | | | | | | | | |
| **Arrival time- For Summer Camp**  **9-10:00 am Monday morning**  (9:00 am Monday–Thursday for Day Camp)  **Departure time-**  **10-11:00 am Friday 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. Please note: no cellular phone usage is permitted by campers during the camp session.  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 | | |
| Medical Information and Releaseaccompanies the camper registration | | | | | | | | | | | | 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 Assignment: | | | | Week | | | | | Cabin # |
| Name: | | | | | | | | | | | | | | Email address: | | | | | | | |
| Mailing Address (include city, state, & ZIP): | | | | | | | | | | | | | | Telephone: | | | | | | | |
| Social Security Number: | | | | | | | Age: | | | | | | | Date of Birth (month/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 | | | |
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| 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 policy #: | | | | | | | | | | | | | | | | | | | | | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: Date: | | | | | | | | | | | | | | | | | | | | | |