

# Treasure Mountain Bible Camp

500 E. Park Street  
Marble, CO 81623  
Phone/Fax 970-963-1798

- A **\$35.00** non-refundable deposit must accompany this form and be postmarked in a timely fashion to be deemed valid for possible discount pricing.
- Please plan to arrive no earlier than one hour before your camp begins and plan to depart no later than one hour after camp ends.
- All of the camps are on a first come first served basis. Therefore, to secure an early booking please send in this form filled out for the appropriate camp(s), along with the registration fee A.S.A.P.

## YOUTH CAMPS REGISTRATION FORM

*Please Check Camp:*

- |  |             |                  |
|--|-------------|------------------|
| <input type="checkbox"/> Junior Camp I   | Grades 4-6  | June 9-13, 2008  |
| <input type="checkbox"/> Junior Camp II  | Grades 4-6  | June 23-27, 2008 |
| <input type="checkbox"/> Junior Camp III | Grades 4-6  | August 4-8, 2008 |
| <input type="checkbox"/> Scooter Camp    | Ages 3-8    | July 18-19, 2008 |
| <input type="checkbox"/> Teen Camp I     | Grades 7-12 | June 16-20, 2008 |
| <input type="checkbox"/> Teen Camp II    | Grades 7-12 | July 7-11, 2008  |
| <input type="checkbox"/> Teen Camp III   | Grades 7-12 | July 21-25, 2008 |

Grade in September \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Sponsor \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Father/Mother's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Is there any medical or physical reason why the camper cannot participate in any activity? \_\_\_\_\_

If so, please specify \_\_\_\_\_

I hereby give permission for my child to take part in all of Treasure Mountain Bible Camp's activities (unless otherwise indicated) and absolve Treasure Mountain Bible Camp from liability to me or my child because of an injury received while attending camp at Treasure Mountain Bible Camp. In case of any accident or serious illness, I hereby authorize Treasure Mountain Bible Camp to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request Treasure Mountain Bible Camp to notify me.

### Signature of both Parents or Guardian

Father \_\_\_\_\_ Date \_\_\_\_\_ Emergency # \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_ Emergency # \_\_\_\_\_

For those attending Junior or Teen camps only!  
**CAMPER'S HEALTH STATEMENT**

**Your child is planning to attend a residential camp away from his/her home and may be a distance from medical care. Your response to these questions will help in the care of your child.**

Date of last visit to physician or examination within 24 months of camp \_\_\_\_\_

Past history of communicable diseases \_\_\_\_\_

Serious illnesses \_\_\_\_\_

Surgeries \_\_\_\_\_

Allergies \_\_\_\_\_

Penicillin or other drug reactions \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

**I hereby give permission for my child to attend Treasure Mountain Bible Camp and to participate in all activities on and off the camp property with the exception of the following:**

\_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_

**IMMUNIZATION RECORD**

COLORADO LAW REQUIRES THIS FORM BE COMPLETED IN ITS ENTIRETY

Vaccine		Date Each Immunization was Given			
DTP/DTaP	Diphtheria-Tetanus-Perussis				
Td?DT	Tetanus-Deptheria				
OPV/IPV					
Hib	Haemophilus influenzae type b				Required for children less than 5 years of age
Measles	Measles				Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements.
Mumps	Mumps				
Rubella	Rubella				Written evidence for laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this certificate or record test results and dates in the boxes at left.
HB	Hepatitis B				
Varicella	Chickenpox				History of Disease: Yes ___ Year (optional) _____
Other					

**To the best of my knowledge, the person named above has received the above immunizations.**

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (physician, nurse, or parent)

# MEDICAL FORM

Registration is void without this form completed.

I have examined \_\_\_\_\_ and found him/her to be in satisfactory physical condition and capable of participation in a regular camp program except as follows: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## PHYSICIAN'S AUTHORIZATION for administration of medication for the camper:

I hereby authorize the properly qualified health supervisor of Treasure Mountain Bible Camp to administer the medication which is prescribed for: \_\_\_\_\_

Name of medication(s) \_\_\_\_\_  
\_\_\_\_\_

Date(s) prescribed \_\_\_\_\_

Directions for use \_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Optional Activities

Special permission for my child to go horseback riding is hereby granted. I understand that the ride is supervised and that a qualified wrangler will instruct and guide the trip. Whitewater rafting is \$34.00. Note change: Please do this activity before or after camp. Monday or Friday. When calling for reservations [970-945-8477] mention you are coming with the camp

**Parent/Guardian Signature** \_\_\_\_\_