2025 SUMMER CAMP REGISTRATION FORM - YOUTH
Central Rocky Mountain Region Christian Church (Disciples of Christ)

All forms and payment due by April 25, 2025
Make checks payable to: CRMR (put camp and camper's name in memo)
Mail completed forms along with payment to: Patty Fadum, 3332 Templeton Gap Rd, Colorado Springs, CO 80907

I am registering for : (check one)
☐ Discovery Camp, students completing 1st, 2nd, 3rd grade; June 19-21 Cost $130
☐ Junior Youth Camp, students completing 3rd, 4th, 5th grade; June 15-21 Cost $430
☐ Chi Rho-Middle School Camp, students completing 6th, 7th, 8th grade; June 15-21, Cost $430
☐ CYF-High School Camp, students completing 9th, 10th, 11th, 12th grade; June 15-21 Cost $430
*Students completing 3rd grade can decide to go to either Junior or Discovery Camp

CAMPER INFORMATION

Camper's Legal Name _____ Preferred Name _____

Parent/Guardian Name: _____

Birthdate _____ Grade completed _____ Gender _____ Pronouns _____

Home Address_____ City _____ State _____ Zip Code _____

Parent/Guardian phone (cell) _____ (work) _____

Camper phone _____

2nd Family address/phone *(if needed)* _____

Camper e-mail _____

Parent e-mail _____

Would you prefer to receive camp information by **email** or **regular mail**? *(please circle one)*

Home church _____

Emergency Contact Name _____
(other than parent listed above)
Relationship _____ Phone _____

2nd Emergency Contact: Name _____

Relationship _____ Phone _____

Will any relatives be at camp? _____ Camp: _____ Relationship _____

Transportation Permission

Persons designated to take child from camp (if not listed on previous page), provide name and phone number:

_____

_____

Persons NOT permitted to take child from camp (we are aware that the general public is not permitted, please list specific individuals that are of concern)**:**

Photograph Reproduction Consent

I give my consent for photographs to be taken of my son/daughter during events sponsored in whole or in part by the Central Rocky Mountain Region (Disciples of Christ) to be reproduced and/or used in printed materials and websites which are the property of the CRMR (DOC) and the La Foret Conference and Retreat Center, or other partner agents of the CRMR (DOC). I am aware that these photos will not be sold or used for profit other than for their presence in promotional materials, and I am aware that I will receive no compensation for the use of these photos.

_____ _____

Signature (parent or guardian if camper is under 18 years.) Date

Dietary Restrictions

Please list any restrictions or food allergies and their severity.

Please note – if this section is left blank we will assume there are no dietary restrictions or allergies.

_____ Vegan _____Vegetarian _____Omnivore

_____Peanut Allergy : _____

_____Celiac Disease: _____

_____ Lactose Intolerant: _____

____ Other: _____

Acknowledgment & Assumption of Risks and Waiver of Claims

Camper's Name (Please print) _____

Please read carefully before signing. This document includes a release of liability and waiver of certain legal rights.

In consideration of my child's participation in camping activities sponsored by the Central Rocky Mountain Region (Disciples of Christ) and held at the La Foret Conference and Retreat Center:

Acknowledgement of Risks

- I understand that the CRMR and La Foret have taken safety precautions to reduce the risk of Covid-19 and other communicable diseases to campers or staff but that it is impossible to completely eliminate all risk of exposure to illnesses.
- I understand that there are numerous risks associated with participation in any camping activities, including such things as hiking, swimming, field games, crafts, campfires, and other camp activities, and that many, but not all, of these risks are inherent in these and other activities. These risks, which contribute to the unique character and desirability of the activities involved, may pose the possibility of severe injury, illness, or death. I further understand that most of the activities involved in the camping experience at La Foret will take place in an outdoor environment, and the Central Rocky Mountain Region (Disciples of Christ) and La Foret staff have taken all reasonable measures to insure the safety and well-being of all participants, including, but not limited to:
- insuring that all instructors for activities given at La Foret meet all the requirements (Local, State or Federal) for that position
- all volunteers at La Foret have been recommended by and approved by their local church and have passed a background check.
- all obvious and known hazards have been removed from the actual camping areas

I also understand that many of the risks inherent in the camping experience cannot be eliminated, altered, or controlled. Some, but not all, of the specific risks include:

- Weather conditions may change rapidly and unpredictably and may directly cause injury, i.e.: severe rainstorms, hailstorms, sunburn, lightning strikes, cold temperatures, or by acting on other factors, i.e.: performance of equipment may be impaired by weather conditions.
- Equipment used in activities may break, fail, or malfunction, despite reasonable maintenance and use, and may inflict injuries, even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and/or others.
- Most activities take place in a natural environment where unexpected, unseen, and unknown/unmarked objects and conditions create risk of injury, i.e.: falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks and objects, potentially harmful vegetation.
- Counselors and guides use their best judgment in determining camper's ability to participate in camp activities. However, campers may have unknown conditions which would limit their participation in certain activities or increase camper's risks of injury. **It is imperative that parents notify the event staff, in writing, of any known limitations.**
- Motor vehicle accidents, not the direct fault of La Foret or the CRMR, may occur in the course of transporting participants to and from camp.
- Some camping activities may have inherent risks, due to the nature of the camping experience, and there may be other risks which cannot be anticipated.

I acknowledge and assume the risks involved in any of these activities and for any damage, illness, injury, or death resulting from such risks, for myself and my child, with the exception of any unapproved activities I have notified the directors in writing about. There are no physical, emotional, or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me/us in writing to the Central Rocky Mountain Region (Disciples of Christ) and to the La Foret Conference and Retreat Center.

Release, Waiver of Liability, and Indemnification:

I, on behalf of myself and/or my child, absent gross negligence or willful misconduct hereby release and waive any claim of liability against the Central Rocky Mountain Region (Disciples of Christ) and the La Foret Conference and Retreat Center and its employees and agents with respect to any injury, illness, damage, or death, occurring to me or my child while he/she participates in any and all camp/retreats programs and activities.

Governing Law

I agree that this document, and all other aspects of my relationship and my child's relationship with the Central Rocky Mountain Region (Disciples of Christ) and its agents and employees, shall be governed by the laws of the State of Colorado. Further, I agree that any legal proceedings concerning such relationship shall be filed exclusively in the State of Colorado.

I have read and understand the above and agree to be bound by the terms of this document.

_____ _____

Parent/Guardian signature (Camper may sign if 18 or older) Date

CRMR 2025 Summer Camp Health and Signature Pages

Read This: All of these Health & Signatures pages must be completed and turned in for a registration to be complete**. Note that in various places these pages must be signed by the Camper, Parent/Guardian, Healthcare provider, and Pastor** by April 25. Sending incomplete or late forms will be subject to a $20 late fee and may result in the loss of opportunity to attend the desired camp. Space is limited and awarded on a first come first serve basis. Registration fee includes all activities, activity supplies, lodging, meals, and snacks while at camp. Camp store, offering and meals to and from camp are not included

Refund Policy: All but $30.00 returned up to 14 days before camp begins. In the event that camp is cancelled, or your camper cannot attend due to Covid or other illness, symptoms, or exposure after the 14-day window, a refund will be awarded.

2025 CRMR Camp Covenant

Camper Covenant of Care:

I agree to follow the guidelines set forth in the CRMR Policies & Procedures for Youth Events (copies available at crmrdoc.org or emailed upon request). I will fully cooperate with the directors, camp staff, and program established by the CRMR so that I, my fellow campers, and the staff will have a safe and positive camp experience. I agree to:

- Participate fully in all camp activities unless otherwise stated by parent/guardian/healthcare provider.
- Respect other campers, myself, and staff, as well as camp facilities and other campers' property.
- Refrain from bringing any electronic devices, fireworks, alcohol, tobacco, vaping supplies or other drugs, firearms, and anything else that may distract myself or others from fully experiencing camp.
- Refrain from inappropriate sexual activity, "raiding", and sneaking out at night or other times.
- Give all prescription and non-prescription medications to the health staff in the original container.
- Arrive on time and stay for the entire event. No visitors without advanced permission from Directors.

Camper Signature _____ Date_____

Parent/Guardian Covenant:

I have read the **Camper Covenant** above, and I agree that my child is to be held accountable to it. If the directors decide my child needs to be sent home due to misconduct or illness I agree to come to camp and pick them up, at my expense. I will inform the directors of any health, emotional, psychological, or family issues that might affect camp participation. I agree to update any information on these forms that has changed between now and the time camp begins.

Parent/Guardian Signature _____ Date_____

Pastor Recommendation:

I recommend this camper as one who will cooperate with the directors, staff, and Policies & Procedures. I will inform the directors of any health, emotional, psychological, or family issues that might affect camp participation. The church and I will be in prayerful support for a successful event.

Pastor's Signature _____ Date_____

Phone _____

CAMPERS MEDICAL HISTORY

Camper Name: _____

Health Insurance Company: Policy # Group # _____

Please include a copy of your medical insurance card and your child's current vaccination record

Date of most recent physical exam (must be within 12 months from start of camp) _____

Do you have any of the following conditions?

☐ yes ☐ no Diabetes
☐ yes ☐ no Epilepsy/Seizures
☐ yes ☐ no Asthma/Reactive airway disease
☐ yes ☐ no Enuresis/bed wetting
☐ yes ☐ no History of alcohol or other drug use
☐ yes ☐ no Other _____

Allergies:

☐ yes ☐ no Environmental/Hay Fever
☐ yes ☐ no Poison Ivy
☐ yes ☐ no Insect Stings
☐ yes ☐ no Medication _____
☐ yes ☐ no Food _____
☐ yes ☐ no Epinephrine/Epi pen prescribed?

(*Please send appropriate medication if needed)

Surgeries or serious injuries in the past two years: _____

Restricted Activities: _____

Dietary Restrictions: _____

Standard Over-the-Counter Medication:

The following medications can be administered by camp personnel if approval is given by the healthcare provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight etc. Generic equivalents of name brands may also be administered; please indicate if a child has an allergy to any specific medications. **Cross out those which your camper should not be given.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Diphenhydramine (Benadryl)
Aloe Vera	Claritin	Antibiotic ointment
Cough Drops	Hydrocortisone cream	Calamine/caladryl lotion
Tums Antacid	Prune Juice for constipation	Solar Caine
Sunscreen	Mosquito spray/repellant	Carmex or similar lip balm

Has the camper been taken off any medication for the summer? ☐No ☐Yes, _____
Is the camper on any prescription or non-prescription medication? ☐No ☐Yes
*If yes, please list exactly what, when, and why it is to be taken: (Attach additional information as needed)

_____
Name of medication dosage frequency purpose

_____
Name of medication dosage frequency purpose

I have examined this person and found him/her to be in satisfactory physical condition, free from any apparent contagious disease and capable of active participation in a regular camp program.

Signature of Health Care Provider: _____

Health care provider printed name: _____ Date _____

Clinic address and phone number: _____

Activity Release & Medical Authorizations

Parental Liability and Activity Release:

My child, _____ will cooperate with the staff, rules, and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp/sport activities contain inherent risk of injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. I also give consent for my child to go on authorized trips away from camp premises. I understand photos and/or video will be taken throughout the camp session as part of the program, and I release any media to be used for promotional purposes only.

Parent / Legal Guardian Signature: _____ Date: _____

Authorization for Routine Medical Care

I hereby give permission for the designated Health Supervisor at camp to provide routine medical care for my child for such minor injuries as scrapes, sprains and bruises, and to dispense the prescription and nonprescription medications listed on my child's *Camper Health Statement* (see page 5).

Parent / Legal Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Care

It is understood that La Foret and the camp program staff will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary, the CRMR insurance is secondary; and the La Foret insurance is third. I hereby consent to my child participating in all camp activities. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor, or other first-aid personnel. I will accept the expense of emergency medical or surgical treatment. All health information I have provided on these forms is current and accurate.

Parent / Legal Guardian Signature: _____ Date: _____

CAMPER PROFILE AND DAILY LIVING SKILLS Camper's Name (Please print) _____

Our camp staffs work in covenant with you the parents/guardians of the children and youth attending camp. The more information you supply about your camper, the better the staff can prepare for her, his or their presence in camp. This information is treated as confidential and is shared only among those working with the specific camp your child has registered for. If more room is needed for explanation, please attach another page. Thank you for helping us provide your child the best camping experience possible!

Please check all that apply

Social Abilities

__Participates and plays well with others
__Has some difficulty around other children
__Prefers limited contact with others
__Prefers solo activities
__Shy, withdrawn
__Needs extra encouragement to participate
__Follows instructions well
__Participates well in group activity
__Is independent, doesn't need much support

Engages in harmful behavior to others:
__ Never; __ Rarely*; __ Often*

*Please explain:
_____
_____

Engages in harmful behavior to self:
__Never; __Rarely*; __Often*
*Please explain:
_____
_____

Engages in tantrums:
__Never; __Rarely*; __Often*
*Please explain:
_____
_____

Need for Attention

__Satisfied with reasonable amount
__Requires more than an average amount
__Requires a high amount

Sleeping Habits and Routines

Has difficulty sleeping at night:
__Rarely; __Sometimes; __Always
Gets out of bed during the night:
__Rarely; __Sometimes; __ Always
Wets the bed at night
__Rarely; __Sometimes; __ Always
If difficulty sleeping usual intervention is:
_____

Has your child/youth been away from home over night: __Yes __No

Meals and Eating Habits:

We provide three meals and a couple of snacks a day.
My child eats only at meal times: __Yes; __No
My child eats throughout the day: __Yes; __No
My child is a light eater: __Yes; __No
My child is a heavy eater: __Yes; __No
Does your child have an eating disorder:
_____
_____

For Girls:

Has this person menstruated? _____
If not, has she been told about it?

Has your child been involved with drugs of any kind? **Yes/No** Does your child smoke or vape? **Yes/No**
What is your child's swimming ability? _____non-swimmer _____beginner _____advanced

What do you hope for your child by attending camp?
_____
Describe your child's strength and abilities (social skills, behaviors, etc)
_____
Describe your child's challenges (social skills, behaviors, speech/language, activities, etc.)
_____
Does camper have an IEP or behavior plan in school? _____ (if yes, please describe on back of this page)

Are there relationships with other campers we should know about (i.e. should or shouldn't room with, etc)?
_____
Have significant events occurred in the camper's life recently (death, divorce, separation, etc.)?
_____