

2024 CAMP REGISTRATION

Please fill out one form per camper and mail to the Camp Director:
Pastor Devon Dosson | P.O. Box 501 | Lodge Grass, MT 59050

BONUS!

PREREGISTER WITH PAYMENT BY
JUNE 10 AND GET A FREE HAT!

Free
Camp
Hat!



REGISTERING FOR:

- ELISHA'S ACADEMY TEEN LEADERSHIP CAMP**
Registration due by June 3, 2024 | Cost: FREE if preregistered for youth camp (Otherwise \$150)
- MEN'S RETREAT | COST \$50**
- CALEB'S KIN | COST \$140**
- SENIOR HIGH CAMP | COST: \$200**
- INTERMEDIATE CAMP | COST: \$195**
- JUNIOR CAMP | COST: \$190**

CAMPER INFORMATION

Name: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

MEDICAL INFORMATION

Emergency Contact/ Relation to Camper: _____
Emergency Phone / Alternate Number: _____
Alternate Contact / Phone Number: _____
Medical Insurance Company & Policy Number: _____
Insurance Phone: _____
Known Allergies (put none if no allergies): _____

Medications, Vitamins, Supplements, Medical Conditions, Restrictions or Special Needs we should know about: *Please give a detailed account of anything your child is taking, dosage, frequency and any other pertinent information.*

REQUIRED INFORMATION FOR CAMPERS 18 AND UNDER

Birth date: _____ Grade entering: _____
Gender: Male Female Date of last tetanus shot: _____
It is okay to give my child the following as needed: **(Check all that apply)**
 Aspirin Ibuprofen Benedryl /Antihistamines Band-aids/Gauze
 Tylenol Neosporin/ Bacitracin Burn ointment or creams

HOME CHURCH INFORMATION

(If you have no church affiliation write "none")

Church Name: _____
Pastor: _____
City: _____ State: _____ Zip: _____

YOUTH CAMPER CONSENT

I have read and agree to abide by CAMP RULES & GUIDELINES.

Camper Signature and Date:

PARENTAL CONSENT

I hereby give permission for the listed camper to attend and to participate in all Castle Rock Baptist Camp activities. I absolve Castle Rock Baptist Camp from liability to me or my child due to sickness or injury while attending camp at Castle Rock Baptist Camp. In case of any accident or serious illness, I hereby authorize Castle Rock Baptist Camp to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request Castle Rock Baptist Camp to notify me. I understand that the accident insurance of the camp is only secondary to my personal health insurance and may not cover any expenses depending upon the insurance company's findings. Furthermore the camping staff have been made aware of any special health concerns my child has.

Parent/ Guardian/ Adult Camper Signature and Date:

IF REGISTERING FOR ELISHA'S ACADEMY

Include your photo and written salvation testimony as well as your pastor's recommendation (below).

I hereby wholeheartedly recommend the camper registered above to attend Elisha's Academy as a potential helper at CRBC.

PASTOR'S SIGNATURE

FOR CAMP USE ONLY

Preregistered YES NO HAT
Special Medical Needs: YES NO
Assigned Cabin: _____
Canteen Amount: _____
Check#: _____ Cash: _____