

# 2025 CASTLE ROCK BAPTIST CAMP REGISTRATION FORM

Please fill out one form per camper and mail to the Camp Director:  
**Pastor Devon Dossou** | P.O. Box 501 | Lodge Grass, MT 59050  
Make checks payable to **Castle Rock Baptist Camp**

**\* Youth Campers**  
**SAVE \$50**  
if preregistered (with payment) by July 1!

## REGISTERING FOR:

- MAN CAMP** June 19-21 | Men \$150 & Boys (Grades 9-12) \$100
- CALEB'S KIN** June 23-27 | Adults 55+ | \$190
- TRAIL RIDE** August 14-16 | Anyone | \$60
  
- SENIOR HIGH CAMP** July 7-11 | Grades 9-12 | \$250\*
- INTERMEDIATE CAMP** July 14-18 | Grades 6-8 | \$245\*
- JUNIOR CAMP** July 21-25 | Grades 3-5 | \$240\*

## HOME CHURCH INFORMATION

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

Church Name: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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: *Parents of youth campers please give a detailed account of anything your child is taking, dosage, frequency and any other pertinent information.*

## PARENTAL / ADULT CAMPER 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:

## 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
- Benedryl /Antihistamines
- Tylenol
- Burn ointment or creams
- Ibuprofen
- Band-aids/Gauze
- Neosporin/ Bacitracin

## YOUTH CAMPER CONSENT

I have read and agree to abide by **CAMP RULES & GUIDELINES** (see page2)

\_\_\_\_\_

Camper Signature and Date:

# CASTLE ROCK BAPTIST CAMP RULES & GUIDELINES

## FOR YOUTH CAMPERS & STAFF

### WHAT TO BRING:

Bible, notebook, warm sleeping bag, pillow, towels, toiletries, jacket, athletic shoes, spending money (for snack shack, and love offering), and nice clothes for the evening chapel services (see guidelines).

### WHAT NOT TO BRING:

Electronic entertainment devices, weapons and fireworks are not permitted.

**CLOTHING:** All apparel worn at camp should be modest and gender appropriate.

**GIRLS:** Please bring skirts and dresses knee-length or longer (slits must not come above the knee). Crop tops, low necklines, sleeveless dresses or tops are not permitted. Slacks or jeans must be loose fitting. Athletic apparel must be loose fitting, to the knee, and may be worn at the discretion of the program coordinator. Skirts or dresses are required for evening chapel services.

**BOYS:** Jeans, and pants are acceptable for all activities. Athletic apparel must be loose fitting, to the knee, and may be worn at the discretion of the program coordinator. Pants and collared shirts are required for evening chapel services. No sleeveless shirts or tank tops. No necklaces or earrings are permitted at any time.

**NOTE:** CRBC reserves the right to ask anyone to change attire if, in the estimation of the staff, it does not meet the standards listed above.

### CHRISTIAN CONDUCT:

Camp should be a fun, memorable, and spiritually challenging experience. Disruptive and abusive conduct is not acceptable, and will be cause for dismissal. The use of alcohol, tobacco, marijuana, vaping products, or any form of illegal drugs is not permitted.

**CHECK-IN TIME:** Registration will begin 3 PM Monday. Supper will be served at 6 PM.

**LATE ARRIVALS:** If you will be arriving late, please contact the Camp Director at (406) 794-1045.

**DEPARTURE:** Camp ends at noon on Friday. Early departures must be approved ahead of time by the Camp Director.

### FOR PARENTS:

1. CRBC is not responsible for lost or stolen items.
2. Campers do not have access to cell phones.
3. Campers are expected to stay for the duration of the camp week, except for illness or emergencies at home.
4. Campers with special dietary restrictions or medical needs must approve all medications, vitamins or supplements with the Camp Director ahead of time. Please fill out the medical form completely (it is included with the registration form). All medications must be kept and administered by the camp nurse.



### CAMP DIRECTOR:

Pastor Devon Dosson | Faith Baptist Church  
P.O. Box 501 | Lodge Grass, MT 59050  
castlerockbc.director@gmail.com | (406) 794-1045

### FOR CAMP USE ONLY

Preregistered YES  NO

Special Medical Needs: YES  NO

Assigned Cabin:

Canteen Amount:

Check#:  Cash: