

“For Young Men Only”

Winter Retreat 2011

Registration Form

PLEASE FILL OUT THIS FORM COMPLETELY AND LEGIBLY. THANK YOU!

Note: If you have any questions, a special need, or concern, please contact: Perry Rotenberger at (208) 390-9840.

Camper's name _____

Age _____ Grade _____ Birth Date _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Work phone _____ Cell phone _____

Home church _____

Church address _____ City _____ State _____ Zip _____

I will cooperate with camp staff at this winter retreat and realize that failure to do so may result in my going home early from camp. **Camper's signature** _____

CHECK ALL THAT APPLIES: Make checks payable to OFCR

“For Young Men Only”

Winter Retreat - January 7-9, 2011
(9th - 12th Grades)

Cost is \$55.00 _____

Subtotal = _____

Second family member (Discount \$5.00) - _____

For each additional family member (Discount \$10.00) - _____

*If taking family member discount, simply subtract discount from cost for check total.

Total cost \$ _____

REFUND POLICY

OFCR Bible Camp Program offers a full refund until two weeks prior to camp, one half refund thereafter.

FINANCIAL ASSISTANCE

If you need financial assistance in order for your youth to be able to attend this, *“For Young Men Only”* Winter Retreat, please notify your home church first. If you are not affiliated with a church, please call the camp office at 208-390-9840. Any questions please call Perry Rotenberger at 208-390-9840

Parent, please read and fill out medical information on the back side of this form.

This form needs to be completed for your youth to attend this retreat.

If child has unique health or behavioral problems, limitations, allergies etc., please list and explain: _____

Date of last Tetanus shot _____

This child is covered by _____ insurance company.

Policy # is: _____

Name and Phone number of youth's doctor _____

Because increasing number of campers come to camp with prescription drugs, it is necessary for us to require that the directions on the prescription must match the request of how the parents want the drug given. If you have been given different instructions by the doctor prior to camp and it is not reflected on the present prescription bottle, you must have the doctor send a written change in said medication.

The following list of drugs are those that we have on hand at Old Faithful Christian Ranch.

Please circle the drugs that you DO NOT want your child to receive:

Tylenol	Hydrogen Peroxide	Betadine	Imodium AD
Bactine	Ipecac	Alcohol	Benadryl
Peptol Bismol	Saline Solution	Nasal Decongestant	Pecnu (Oak & poison ivy Cleaner)
Pepcid AC	Epsom Salt	Sun Screen	Sucrets
Calamin Lotion	Tums	Ibuprofen	Scrub Solution
Tussin	Extra-Strength Tylenol	Ambosol	Triple Antibiotic Ointment
Skitter-stick	1/2% Cortaid	1% Hydrocortisone	5% Benzocaine
Jr. Strength Tylenol	Cough Drops (Eucalyptis, Menthol, and Lemon)		

If your child has ever been arrested or been the subject of disciplinary action by any law enforcement agency, please list and explain. _____

I understand that there are certain risks inherent in camping and sports related activities, and I agree to assume those risks on behalf of myself and my child. I hereby authorize the camp staff, in their complete discretion, to take whatever steps they feel are reasonable to protect the health, safety, and welfare of my child; including, but not limited to administering, or arranging for first aid, or emergency health care on behalf of myself and my child. I hereby waive and release any civil liability claims that may arise on account of my child's attendance at this camp, or any activities associated therewith, and I agree to release and hold harmless said camp, its owners, its staff, and its agents from any such claims; whether or not said claims arise on account of their own negligence.

I understand and consent that camp photographs/videos in which your child may appear may be used in camp publicity, publications, or promotions.

Parent/Guardian Signature _____ **Date** _____

(Camper signs if 18 or older)

**SEND THIS FORM ALONG WITH YOUR PAYMENT TO:
Old Faithful Christian Ranch, 2364 West 81st South, Idaho Falls, ID 83402**