

Rocky Mountain Freedom Camp Registration Packet

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IMPORTANT INSTRUCTIONS (PLEASE READ)

This packet must be:

1. Completed online
2. Printed
3. Signed by hand (wet signature required)
4. Scanned or photographed
5. Returned by email or at check-in

**Typed names or electronic signatures are not accepted.
Incomplete or unsigned forms may delay or prevent participation.**

Participant Information

Participant Type (check one):

- ☐ Staff Member
- ☐ Adult (Non-Staff)
- ☐ Camper (Entering Grades 8th - 12th)
- ☐ Co-Camper (Camper under grade 8 -parent/guardian is staff and will be present)

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Sex: ☐ Male ☐ Female

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Primary Phone: () _____ ☐ Home ☐ Work ☐ Mobile

Secondary Phone: () _____ ☐ Home ☐ Work ☐ Mobile

Email Address: _____

Parent / Guardian Information

(Required for participants under 18)

Parent / Guardian #1 (emergency contact)

Name: _____

Relationship: _____

Attending Camp: ☐ Yes ☐ No ☐ Self (see participant profile above)

Phone: () _____ ☐ Home ☐ Work ☐ Mobile

Alternate Phone: () _____ ☐ Home ☐ Work ☐ Mobile

Parent / Guardian #2 (if applicable—secondary emergency contact)

Name: _____

Relationship: _____

Attending Camp: ☐ Yes ☐ No ☐ Self (see participant profile above)

Phone: () _____ ☐ Home ☐ Work ☐ Mobile

Alternate Phone: () _____ ☐ Home ☐ Work ☐ Mobile

Additional Emergency Contact (Non-Parent Preferred)

Name: _____

Relationship: _____

Phone Number(s): _____

Medical Disclosure & Health Information

Primary Care Physician: _____

Health Insurance Provider: _____

Policy Number: _____

attach or sent card copy

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Medications

All medications (prescription and OTC) taken regularly: _____

Reason for Medication: _____

Medication Administration Instructions: _____

Allergies

Known Allergies: _____

Type of Reaction: _____

EpiPen / Inhaler / Other Medical Devices: ☐ Yes ☐ No

If yes, explain: _____

Medical Conditions

Medical, physical, or mental health conditions affecting participation?

☐ No ☐ Yes (explain fully): _____

Asthma or Hay Fever: ☐ Yes ☐ No

Activities to Be Restricted & Reason: _____

Camp Activities & Housing Preferences

***Staff Only:** Interested in Cabin Duty: ☐ Yes ☐ No

***Preferred Cabin Assignment:** _____

Cabin Requests (Optional – Not Guaranteed)

Requested cabin companion(s): _____

Interests & Skills

(Check all that apply)

- | | | |
|---|--|-------------------------------------|
| ☐ Art | ☐ Lifeguard | ☐ Ping-Pong |
| ☐ Chess | ☐ Music – Song Leader | ☐ Skits |
| ☐ Children's Activities | ☐ Music – Voice / Instrument: | ☐ Swimming |
| ☐ Editing / Proofreading | _____ | ☐ Tug-of-War |
| ☐ Hiking | ☐ Nature & Field Activities | ☐ Volleyball |
| ☐ Historical Trivia | ☐ Newspaper / Writing | |
| ☐ Juggling | ☐ Outdoor Sports | |

Other Skills, Interests, or Certifications: _____

Required Acknowledgments & Authorizations

(Initial Each Item)

_____ ☐ **Accuracy & Duty to Disclose** — All information is true and complete. Failure to disclose may increase risk and result in dismissal.

_____ ☐ **Medical Authorization** — Camp staff may provide first aid and emergency care if necessary.

_____ ☐ **Proof of Medical Insurance** — I understand that a current copy of ALL participants' medical insurance card(s) is required and must be attached to this registration packet or delivered with the completed registration paperwork prior to participation. Failure to provide proof of coverage may result in delayed or denied participation.

_____ ☐ **Medication Administration** — Camp staff (and/or Health Officer) is authorized to administer medication as directed.

_____ ☐ **Medication Policy Compliance** — All medications must be disclosed and handled per camp policy.

_____ ☐ **Assumption of Risk** — Participation involves inherent risks (physical activity, outdoor exposure, group housing, transportation, water activities). I voluntarily assume all risks.

_____ ☐ **Behavior & Dismissal Policy** — Camp Director may dismiss participants for safety or rule violations without refund.

_____ ☐ **Compliance with Camp Policies** — Participant will follow all written and verbal camp rules.

Release of Liability, Assumption of Risk & Indemnification

Participant Name: _____

Parent/Guardian Name: _____

Camp Name: _____

Camp Dates: _____

I understand participation in camp activities involves risks, including injury, illness, property loss, environmental exposure, transportation, and water-related activities.

To the fullest extent permitted by Utah law, I **release, waive, and discharge** the camp, its directors, officers, employees, volunteers, and agents from any and all claims, **except claims from gross negligence or willful misconduct**.

I **assume all risks**, known or unknown, associated with participation.

I agree to **indemnify and hold harmless** the camp and its representatives from any claims, damages, or expenses arising from participant actions or failure to follow camp rules.

Governing Law: Utah

Parent/Guardian Name (Print): _____

Signature (Wet Signature Required): _____

Date: _____

Participant Signature (if 18 or older): _____

Date: _____

Photo & Media Release Authorization

Participant Name: _____

Parent/Guardian Name: _____

Camp Name: _____

Camp Dates: _____

I understand photographs, video, and audio may be taken during camp. I authorize the use of photos in camp-related promotions (website, social media, printed materials, videos, internal communications).

☐ **YES** — I grant permission

☐ **NO** — I do NOT grant permission

Parent/Guardian Name (Print): _____

Signature (Wet Signature Required): _____

Date: _____

No Forms = No Check-In Policy

All registration, medical, liability, and media forms must be fully completed, printed, and signed prior to participation. Campers **will not** be permitted to check in or participate until their forms are verified. No exceptions will be made.