

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: _____

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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)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Ping-Pong |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Music – Song Leader | <input type="checkbox"/> Skits |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Music – Voice / Instrument: | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Editing / Proofreading | _____ | <input type="checkbox"/> Tug-of-War |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Nature & Field Activities | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Historical Trivia | <input type="checkbox"/> Newspaper / Writing | |
| <input type="checkbox"/> Juggling | <input type="checkbox"/> 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.

_____ ☐ **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 verified. No exceptions will be made.