



JR. HIGH SUMMER CAMP

JULY 24-29TH \$405

Who's Got Your Back When Life Gets Tough? Your family? friends? Will they come through for you in a time of trouble? Whose back do YOU have? What happens when they let you down? What about the times when YOU let someone else down in their time of need?

But what if we told you there is a God that always has your back, and you can always depend on Him no matter what? What if we told you there is a God that knows, and cares about everything you're going through? What if that God never fails to bring light to dark places, and hope to the hopeless? This summer, join us at Alpine and we will find out *Who's Got Your Back*.

Questions? Contact Michelle Stout @ 310-521-2584; Mstout@rhcc.net

REGISTER— 2 WAYS

1. Fill out this form and you must have a *Student Ministries Health Form on file*. Secure your spot with a **\$50 deposit***. (Final payment due July 20.). Drop off @ SM office/event, or mail it to: 2222 P.V. Dr. N., Rolling Hills Estates, CA 90274.

~ OR ~

2. Fill out this form and pay online via Paypal at rollinghillscovenant.com

There are scholarships available— Don't Miss out!

❖ Registration will be confirmed by email.

*Non-Refundable & Non-Transferable. If paid by check, make payable to RHCC and include your child's name in the memo line. Please include a separate check for each child if you are registering jr. high & high school camp.

JUMP ON THE BUS

❖ **Meet @ RHCC at 1:30pm on Sun., July 24.** We'll take buses to and from camp, and return Fri., July 29 at noon.

PACK

❖ **BRING:** 1 suitcase & carry on, warm clothes for night, Bible, pen, notebook, sleeping bag & pillow, 1-piece swimsuit, sunscreen, extra money for The Branch, toiletries, towel, flashlight, (please label and turn in all medications)

❖ **DON'T BRING:** anything illegal, skateboards, water balloons, anything in which to pull a prank. Please note student cell phones are locked up and they will only have one hour per day to access them.

REGISTRATION FORM: Note: An RHCC Health Form must be on file to attend (separate document)

Name: _____ Male Female Camper Counselor Grade in Fall: _____

Birth Date: _____ School _____ Parent/Guardian (print): _____

List 3 friends/describe camper (6/7th grade) or list D/C leader (8th) _____

Mailing Address: _____ City/State/Zip: _____

Parent Email Address: _____ Home Phone: _____ Parent Cell _____

1. Describe any current medical and/or behavioral conditions that require medications, treatment, or special restrictions while at camp. Write "none" if you don't have any. _____

2. List all medications sent to camp. (All medications must be sent in the prescription bottle with label) _____

3. Describe any past medical treatments relevant to participating in camp activities. Write "none" if you don't have any. _____

4. Describe any allergies or dietary restrictions. Write "none" if you don't have any. _____

5. Describe any activity restrictions while at camp. Write "none" if you don't have any. _____

Alpine must be notified of campers that have been exposed to any communicable diseases prior to camp.

May Tylenol, Benadryl, Cough Drops or Tums be administered? Yes No Approximate date of last Tetanus Shot: _____ Are other Immunizations current: Yes No

For campers over age 18 only: I decline to provide the requested health information. Physician's Name/Address/Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Emergency Contact (other than Parent/Guardian) _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

PARENTS/GUARDIANS PLEASE READ, SIGN & DATE THE FOLLOWING:

1. I, the undersigned, hereby give permission for the above named child to attend the sponsored program by Alpine Camp and Conference Center. I agree to release and hold harmless Alpine or its agents/owners/officers/consultants for any and all claims for injuries, causes of action, the rendering of emergency care, or liability related to use or participation in all activities. These activities may include, but are not limited to: ropes course, paintball, rock climbing, tubing, swimming, and other recreational activities. I also give permission for participation in any off-site activities and/or to be transported to and from any off-site activities, or emergency locations, if any, by authorized vehicles. 2. I hereby give my permission for non-prescription medication and first aid treatment to be given to the child if deemed advisable by the Alpine staff. 3. I am fully aware that the Outdoor Adventure, Higher Ground programs, and Paintball Course at Alpine Camp and Conference Center that I am choosing to participate in or allowing this child to participate in, may include rigorous, physical activities and may involve some risks, physical injury, permanent disability, or possible death from participating. I voluntarily elect to participate in the program or to have this child participate in the program and assume the risks of injury or harm that could result from that participation. 4. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the child's Group Leaders or Alpine staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the above named child. 5. I give permission to Alpine to photograph and video tape the child for the use in any future promotional materials, including Alpine's website postings, without expectation of compensation. I also understand that I am financially responsible for any lost or stolen rental equipment that the above participant rents from Alpine Camp.

Camper/Counselor/Guest Signature: (if over age 18) _____

Parent/Guardian Signature: _____ Relationship: _____

For campers under the age of 18 a Parent/Guardian must fill out, sign and date this registration form with no additions, deletions or changes. Thank you. An incredible time at Alpine Camp and Conference Center awaits everyone regardless of race, color, national origin, sex, disability or religious preference.