



213 E Park St. Marble, CO 81623  
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### F.L.A.G.S. & Combo Camp Registration Form

Camp Fee \$235.00 \$50 registration is due by April 15, 2022

- A **\$50.00** non-refundable deposit must accompany this form and be postmarked in a timely fashion to be deemed valid for possible discount pricing.

**Note:** F.L.A.G.S Camp deposit is **\$100.00**

- Registration is from 3:00-5:00pm on Mondays. Campers are dismissed immediately after lunch on Friday.
- All of the camps are on a first come first served basis. Therefore, to secure an early booking please send in this completed form for the appropriate camp(s), along with the registration fee A.S.A.P.

#### Please Check Camp(s)

<input type="checkbox"/> <b>F.L.A.G.S</b>	<b>16-19 Year Olds</b>	<b>June 13-24, 2022</b>
<input type="checkbox"/> <b>Combo Camp 1</b>	<b>Grades 4-12</b>	<b>June 20-24, 2022</b>
<input type="checkbox"/> <b>Combo Camp 2</b>	<b>Grades 4-12</b>	<b>June 27-July 1, 2022</b>
<input type="checkbox"/> <b>Combo Camp 3</b>	<b>Grades 4-12</b>	<b>July 11-15, 2022</b>
<input type="checkbox"/> <b>Combo Camp 4</b>	<b>Grades 4-12</b>	<b>July 18-22, 2022</b>
<input type="checkbox"/> <b>Combo Camp 5</b>	<b>Grades 4-12</b>	<b>July 25-29, 2022</b>

Date \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ Age \_\_\_\_\_ Grade in September \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Name \_\_\_\_\_ Jr. Camp \_\_\_\_\_ Teen Camp \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
 Father/Mother's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Parent's Employer \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Home Church \_\_\_\_\_ Pastor \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby give permission for my child to **attend & participate in all** of Treasure Mountain Bible Camp's activities on/off the camp property with the exception of \_\_\_\_\_ & absolve Treasure Mountain Bible Camp from liability to me or my child because of an injury received while attending camp at Treasure Mountain Bible Camp. In case of any accident or serious illness, I hereby authorize Treasure Mountain Bible Camp to call upon a physician of their choice and to follow his/her instructions. If emergency treatment or hospitalization is required, I request Treasure Mountain Bible Camp to notify me. I also understand, if my child is sent home for any reason, there is NO refund. I also understand that my camper's picture or testimony may be used in promotion of the camp.

**Signature of Parents or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact person in case of emergency**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

**Authorized person(s) to pick up camper:**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

**Unauthorized person(s) to pick up camper:**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

# CAMPER MEDICAL HISTORY

This form is separate from the physical and must be completed annually.

Per the **RULES REGULATING CHILDREN'S RESIDENT CAMPS** in the State of Colorado, section 7.711.5 CHILD CARE and section 7.711.51 Health Care:

*"At the time of admission, each camper shall furnish a health history which indicates communicable diseases and serious illnesses or operations the individual has had, any known drug reactions and allergies, medications being taken, and any necessary special diets at the time of camp admission."*

**TO BE COMPLETED BY PARENT/GUARDIAN:**

List any communicable diseases the camper has had: *(such as hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, tuberculosis, giardia or shigella)* \_\_\_\_\_

List any serious illnesses the camper has had: *(such as Diabetes, Asthma, Mononucleosis, Epstein-Barr Virus, RSV, Leukemia, Juvenile Rheumatoid Arthritis, Cyto-Megalo-Virus, other)* \_\_\_\_\_

List any surgical operations the camper has had: \_\_\_\_\_

List any known drug reactions and/or allergies for this camper: \_\_\_\_\_

List all medications currently being taken by the camper: \_\_\_\_\_

Specify any special diet the camper is to be on at the time of admission to TMBC: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## TOPICAL PREPARATIONS (PREVENTATIVE) PERMISSION

**RULES REGULATING RESIDENTIAL CAMPS 7.711.31 O 1.** Obtain the parent or guardian's written authorization and instructions for applying sunscreen or use of another form of parent or guardian approved sun protection to their children's exposed skin prior to going outside. A doctor's permission is not needed to use sunscreen at the camp; (New rule effective 04/01/2018)

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

### SUNSCREEN

I give my permission for the staff at Treasure Mountain Bible Camp to assist with applying or to apply SUNSCREEN to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet. Apply 30 minutes before outdoor activities and after water activities. It is my responsibility to provide SUNSCREEN with a minimum SPF of 15. I understand I must provide SUNSCREEN, within its expiration date, and in its original container labeled with my child's name. It is my responsibility to check the ingredients of this product to be used at TMBC to ensure my child is not allergic to it. SUNSCREEN will not be applied to any child with broken skin, or if a skin reaction has been observed, or for any child under 6 months of age (without a written doctor's order.) Any skin reaction observed by the staff will be reported promptly to the parent/guardian. Name of Sunscreen that I am supplying to TMBC to be used on my child: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Sometimes Sunscreen is available for use other than what the parent/guardian supplies. My child MAY NOT use any Sunscreen other than the one that I am providing. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please turn this completed form into the office of Treasure Mountain Bible Camp along with the proper Immunization Form/Immunization Exemption Form found under the Register tab on the Treasure Mountain Bible Camp website.