



## Solid Rock Christian Camp 2021 Registration

Please fill out and return Camp registration to Solid Rock Camp by mail with refundable deposit of \$25. The deposit is to hold your spot at camp and will be returned upon arrival to camp.

Post-mark by May 23<sup>th</sup>, 2020 for early-bird registration to receive **FREE** camp shirt.

### Solid Rock Christian Camp

1115 Abbe View Rd  
Mount Vernon, IA, 52314

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

**Camp Week:** Junior Week (entering grade 4-7)      Teen Week (entering grade 8-12)

Cabinmate request: We cannot accommodate all requests. They will be filled in order of registration received.  
(your cabinmate must also request you) \_\_\_\_\_

Home Church/Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship status \_\_\_\_\_

Contact info \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship Status \_\_\_\_\_

Contact Info \_\_\_\_\_

Select Shirt size for **FREE** camp shirt (Early-bird only)    **S M L XL XXL 3XL 4XL 4XLT**

### Check-in

For all others: Check-in at the camp begins at 2PM on Monday of Camp.

### Medical information:

1. Any Health or Behavior Conditions \_\_\_\_\_
2. Drug allergies and other allergic reactions \_\_\_\_\_
3. Special dietary needs/restrictions \_\_\_\_\_
4. Medication taken regularly \_\_\_\_\_
5. Myself or my child in not Immunized \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Do you have Medical Insurance \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_



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### Participation, Release, and Medical Agreement

Campers Name \_\_\_\_\_

Parent/Guardian of minor Camper \_\_\_\_\_

While we make every effort to provide a safe and pleasant environment for every camper and volunteer who attends Solid Rock Camp, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at SRC.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, my spouse, or my child while participating in SRC activities. I give permission for my child to participate in activities that occur at SRC. These activities may include, but are not limited to, swimming in the lake, canoeing, archery, riflery, and strenuous competition games. Although SRC has taken reasonable steps to provide equipment and skilled employees so yourself, your spouse, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Think Like Christ Ministries/Solid Rock Camp reserves the right to use any audio, video, and/or photography of guests or campers participating at TLCM/SRC facilities or events.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Think Like Christ Ministries Inc./Solid Rock Christian Camp and Conference Center, its officers, board, agents or volunteers; Living Water Farms, its officers, board, agents, or volunteers for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at SRC. By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against any of the above named entities on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood and agree to be bound to its terms.

I give permission for myself or my child to attend camp at Solid Rock Camp. I understand that my personal insurance will provide primary coverage for medical aid. I also understand that if myself or my child must be sent home because of disciplinary or other problems, I will assume the additional transportation cost. IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for myself or my child as named previously.

Campers signature \_\_\_\_\_

Or signature of Parent/Guardian of minor camper \_\_\_\_\_