

# Camper Registration Form 2018

Mail this form to:  
Pioneer & Rimrock Camps and Retreat Centers  
23125 Thunderhead Falls Rd.  
Rapid City, SD 57702

Please consider registering online at [www.pioneerrimrock.camp](http://www.pioneerrimrock.camp)

Camper name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Street address:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper/Parent Email: \_\_\_\_\_

Parent phone: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Grade completed in '17/'18 school year: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Please refer to the camp description and transportation information to complete the following:

Camp attending: \_\_\_\_\_

Tier Selection: \_\_\_\_\_

Bus: Yes/No

Transportation pick-up/drop-off: \_\_\_\_\_

Total fees: \_\_\_\_\_

Paid by camper: \_\_\_\_\_ Paid by other: \_\_\_\_\_

## Agreements/Signatures

Please carefully read the following statements and then initial each one:

I will notify the camp if my child is exposed to any communicable disease (strep throat, mono) during the three week period prior to attending camp. \_\_\_\_\_

I give permission for photographs including my child to be used in camp publicity. \_\_\_\_\_

I understand cancellations less than two weeks before camp starts will result in forfeiture of all camp fees. Cancellations before two weeks prior to camp will be refunded fees paid less than \$40 handling charge per registration.

PARENTS/GUARDIANS: I hereby affirm that I am the parent/guardian of this camper with joint or sole custody, and I hereby certify that all the above information is accurate and complete. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CAMPER: I agree to follow the guidelines and policies of the Presbytery of South Dakota Camps, and will demonstrate Christian respect for the facilities, the staff, and my fellow campers.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FRIEND DISCOUNT:** Bring a friend who has never been to camp before and get \$50 off next year's registration!

Name of friend:

\_\_\_\_\_

# Medical Information and Release Form

Mail this form to:  
Pioneer & Rimrock Camps and Retreat Centers  
23125 Thunderhead Falls Rd.  
Rapid City, SD 57702

**Please circle all that apply to the camper:**

Diabetes      Allergies      Ear Infections      Bleeding Disorder  
Epilepsy      Poison Ivy      Bed Wetting      Hay Fever  
Sleep Walking Asthma      Other

**Please explain any of the items circled above including treatments/medications:**

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**Please list any medications taken and timing: (Medication must be in original bottles)**

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**Does camp staff have permission to give your child Tylenol, or other pain relieving medication if necessary?** \_\_\_\_Y \_\_\_\_N

**Please list any injuries or recurring illnesses the camp staff should be made aware of:**

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**Please list any activities that need to be monitored or avoided during camp:**

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## Agreements/Signatures

*Please carefully read the following statements and then sign:*

\*I give permission for staff of the Presbytery Camps of South Dakota to seek the appropriate medical attention for my child, should such attention be required while my child is attending or en-route to and from a camp event.

**Signature of Parent/Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*I give permission for the medical personnel selected by the camp staff to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I give permission to the medical personnel selected by the camp staff to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child as named above.

**Signature of Parent/Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**