



Registration Form: October through April

All guests of TRCC must complete this form.

Camper Information

Name: _____ Gender: Male or Female

Email: _____ Phone Number: (____)____-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Relatives' names and ages if attending the same camp: _____

Church/Organization: _____ Event Dates: _____

Type of Camp (Circle all that apply): Children Youth College Men Women Family School Church Service

Additional Camper Information if Under 18 Years of Age

Date of Birth (mm/dd/yyyy): ____/____/____ Grade: _____

Parent/Guardian Information:

Names: _____

Emails: _____

Phone Numbers: (____)____-_____ (____)____-_____ (____)____-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Camper Medical Information

Is the camper up to date on all immunizations? Yes No Date of Last Tetnus Shot: _____

Any diet restrictions you would like to share: _____

Any medical conditions you would like to share: _____

Any allergies you would like to share: _____

Does the camper have prescribed medication along with him/her at camp of which you would like to make us aware? If so how are they to be administered? _____

Participation Consent and Medical Treatment Authorization

Camp activities may include, but are not limited to, hiking, swimming, mountain scooters, ropes course, target shooting, archery, paintball, team recreation, etc. There are risks of physical harm or injury that could result from attending camp and participating in camp activities. I voluntarily elect myself (or my minor/child) to participate in camp activities and assume the risks of harm or injury that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release TRCC, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) as a result of participating in any camp activity. I also authorize TRCC staff to provide transportation to and from activities that may take place away from the camp property. I further release the use of my (or my minor/child's) likeness, voice, and words in video, film, and print to Tonto Rim Christian Camp. In recognizing that TRCC only provides simple topical general first aid supplies, I hereby authorize TRCC staff to assist me (or my minor/child) in securing emergency medical services if such a need arises. I also hereby authorize emergency medical or surgical care by licensed medical care providers.

I have read and understand this Participation Consent and Medical Treatment Authorization.

Signature of Adult Camper or Parent/Guardian

Date