



2025 Rocky Mountain Adventure Camp

Registration Form

July 31 – August 3, 2025 – Camp Cedaredge, Cedaredge, CO

READ THIS FIRST:

Must be a minimum of Discovery Ranger age (9) to attend Adventure Camp.

Everyone staying overnight must be registered

Registration	\$50.00	Please bring registration forms and monies to camp.

Camper Information (Please print legibly)

Name: _____ Date of Birth: _____
Home Address: _____ Phone Number: _____
City: _____ St: _____ Zip: _____ Outpost Number: _____ Section: _____

Select Group

Discovery Ranger (must be 9 years old) Adventure Ranger Expedition Ranger Adult (18 and older) (**Pastor's Signature Required**)

Payment is due at the camp. Make checks to **RMDC**.
Medical Form is to be brought and kept with the Outpost Commander

Medical Record for Adventure Camp 2025

Camper's Full Name _____

In case of emergency please notify:

Last Name (Please Print)	First Name	Daytime Phone Number	Evening Phone Number
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Health History To be completed by the applicant (if over age 18) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Check either "Y" or "N." If "Yes" explain under "Remarks and medical facts."

Sinus Condition	<input type="checkbox"/> Y <input type="checkbox"/> N	Shortness of Breath	<input type="checkbox"/> Y <input type="checkbox"/> N	Exposed to infectious Disease past 3 weeks	<input type="checkbox"/> Y <input type="checkbox"/> N
Ear Problem	<input type="checkbox"/> Y <input type="checkbox"/> N	Skin infection	<input type="checkbox"/> Y <input type="checkbox"/> N	Hepatitis past 6 months	<input type="checkbox"/> Y <input type="checkbox"/> N
Lung Problem	<input type="checkbox"/> Y <input type="checkbox"/> N	Hearing difficulty	<input type="checkbox"/> Y <input type="checkbox"/> N	Any disorder preventing strenuous activity?	<input type="checkbox"/> Y <input type="checkbox"/> N
Heart trouble	<input type="checkbox"/> Y <input type="checkbox"/> N	Bad eyesight	<input type="checkbox"/> Y <input type="checkbox"/> N	Taking prescription medicine?	<input type="checkbox"/> Y <input type="checkbox"/> N
High blood pressure	<input type="checkbox"/> Y <input type="checkbox"/> N	Wear contact lenses	<input type="checkbox"/> Y <input type="checkbox"/> N	Any reaction to drugs or medicine of any type?	<input type="checkbox"/> Y <input type="checkbox"/> N
Allergy – Asthma	<input type="checkbox"/> Y <input type="checkbox"/> N	Any medical care in past year	<input type="checkbox"/> Y <input type="checkbox"/> N		
Fainting or dizzy spells	<input type="checkbox"/> Y <input type="checkbox"/> N	Any surgery within past year	<input type="checkbox"/> Y <input type="checkbox"/> N		
Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N	Special diet required	<input type="checkbox"/> Y <input type="checkbox"/> N		
Appendix removed	<input type="checkbox"/> Y <input type="checkbox"/> N				

Food or drug allergies _____

I am currently taking the following medicines _____

Remarks and medical facts: _____

Give latest date of inoculation or vaccination against following:

Tetanus	__ / __ / __	Small pox	__ / __ / __
Measles	__ / __ / __	Typhoid	__ / __ / __
Diphtheria	__ / __ / __	Polio	__ / __ / __

Required Release Signatures - Minors

Parent/Legal guardian consent: The signature of a parent or legal guardian is required for a minor (under the age of 18) to attend 2025 Rocky Mountain Adventure camp at Cedaredge, CO July 31 – August 3, 2025. The parent or legal guardian signature below indicates: Permission to administer medical attention to the minor in the event of an emergency. It is understood that the camp officials will make a conscientious effort to locate emergency contacts listed on this form. I also agree that my child may be photographed to be used in promotional material (such as newsletter, website, etc.). In addition, the camper has permission to participate in all camp activities.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Minor Camper's Signature: I agree to abide by and cooperate with all policies, commanders and fellow campers. I agree to abide by the camp rules.

CAMPER'S SIGNATURE: _____ DATE: _____

Required Release Signatures - Adults

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant, and in my opinion, he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. The church has on file the applicant's screening form. **Campers 18 years of age or older are considered adult leaders.**

PASTOR'S SIGNATURE: _____ DATE: _____

Adult Applicant's Signature: My signature acknowledges that I have truthfully abided by the requirements as stated on this application form. My signature verifies I am age 18 or older, and I have received my pastor's signature as required. My signature also indicates my permission for emergency medical treatment should the need arise while at Adventure Camp. I also agree that I may be photographed to be used in promotional material (such as newsletter, website, etc.).

APPLICANT'S SIGNATURE: _____ DATE: _____