

Rocky Mountain Youth Camp

WEEK 1
MAY 27-30



ELISE WOOD

WEEK 2
JUNE 3-6



AUSTIN WESTLAKE

WEEK 3
JUNE 10-13



JOANNA REEVES

WEEK 3
JUNE 10-13



PETER REEVES

WEEK 4
JUNE 17-20



ERIC HOFFMAN

CAMP

OVERSEER

Dear Youth Pastor/Leader

Youth Camp changes lives for eternity. During camp, students have an immersive experience that gives them the opportunity for lasting spiritual impact.



You have the opportunity to choose from four different weeks, with four different speakers.

Camp #1 - May 27th - 30th (Elise Wood)

Camp #2 - June 3rd - 6th (Austin Westlake)

Camp #3 - June 10th - 13th (Peter and Joanna Reeves)

Camp #4 - June 17th - 20th (Eric Hoffman)

- Each church will need to reserve space for the camp they choose to attend. This reservation needs to be gender-specific (**Number of guys/number of girls, INCLUDING LEADERS**). Each space is \$25, which is applied to the total camp price due at check-in. All reserved spaces will be held until 20 days before the camp of your choice and then all unused spots will be added back to the general availability.
- To reserve your space, go to www.rmdc.org/youthcamp/ and select Camp RSVP. If you need to pay for your reserved space by church check, please contact cmd@rmdc.org for instructions. All payments by church check are due within 10 days of reservation.
- Camp Registrations will be accepted **online only** by using the “Group” link that will be sent to you **within 3 business days** after you reserve space. If you do not receive your unique “Group” link, please contact cmd@rmdc.org. You will also be sent a manager login so that you can monitor your unique “Group.” Each church will make the final payment upon arrival at camp. You may pay by credit card or church check. Credit card payments are subject to a 3% service fee.

If you have questions, feel free to contact the Church Ministries Department at our office at 719-522-0195 or cmd@rmdc.org or call/text Amy Reine 318-773-2686.

In Your Corner,

Shawn Reine
Church Ministries Director
720-297-9308

YOUTH PASTOR AND LEADER INFORMATION AND INSTRUCTIONS

RMMN YOUTH Camp registration is an online process. Please ensure that you complete all the steps listed below to complete your registration. Incomplete forms and delays in submitting the required documents could result in additional fees. If you have any questions, please contact Church Ministries at cmd@rmdc.org or 719-522-0195. We are here to help.

YOUTH CAMP FEES:

Student Fees - \$210

Leaders - \$100

Optional Team Color Shirts (Preordered - \$12; On-Site - \$15)

RESERVATIONS

- To reserve your space, go to www.rmdc.org/youthcamp/ and select Camp RSVP. If you need to pay for your reserved space by church check, please contact cmd@rmdc.org for instructions. All payments by church check are due within 10 days of reservation.
- Once you submit your reservation, we will go in and create your group in Brushfire. Within 3 business days, the Church Coordinator will receive two emails. The first email will include a link to share with those attending camp from your local church. This will allow them to register under your group name. The second email will contain a link for the Church Coordinator. This link will allow the Church Coordinator to manage your group.
- Unassigned reservations (students/leaders not registered) will be released 20 days before camp and placed back into general availability.

INDIVIDUAL REGISTRATIONS ONLINE

- Each attendee (students and leaders) will follow your group link (that was emailed to you) and register for camp. This link will not charge a fee so that **you** may collect all monies for camp. This allows you to charge what you need to cover additional costs such as travel etc.

FINAL PAYMENT

- A cost sheet with the final amount due will be sent to you by our office after the drop date and will include fees for the students, leaders, and optional team t-shirt minus the Reservation amount paid. **The Church Coordinator/Leader will bring to camp with them one Church Check or Credit Card to cover final costs for camp.** Credit card payments are subject to a 3% service fee.

Youth Camp Drop Dates

Youth Camp #1 - May 7th, 2025

Youth Camp #2 - May 14th, 2025

Youth Camp #3 - May 21st, 2025

Youth Camp #4 - May 28th, 2025

All spaces NOT FILLED by the drop date
will be placed back in general availability.

For Local Church Use Only

2025 RMMN Youth Camp Student Application

Camper Registration: \$ _____

Local Church Deadline _____

*Fees are Camp Fees and do not include local church fees

Select Preferred Camp

_____ Youth Camp #1 - May 27 - May 30

_____ Youth Camp #2 - June 3 - June 6

_____ Youth Camp #3 - June 10 - June 13

_____ Youth Camp #4 - June 17 - June 20

All registrations are non-refundable but transferable

Step #1: Please complete with Camper Information: (Please Print Clearly)

First: _____ Last: _____

DOB: ___/___/___ Gender at birth: M F Age: _____ Grade as of Fall 2025: _____

Church with City: _____

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Parent's Address _____ City _____ State _____

Optional T-Shirt (\$12 extra, based on team color) XS S M L XL 2X 3X

Emergency Contact Name and Phone: _____

Early Departure: Only those authorized can remove a camper from camp early. List designated person(s).

Step #2: Medical Information: all medications, prescriptions, over-the-counter meds must be brought in their original container to the nurse with the medical form signed by the parent/guardian.

Student's Physician: _____ Phone: _____

Insurance Co.: _____ Policy #: _____

Does the Student have allergies? ___ Yes ___ No

If yes, please explain: _____

Is the Student up to date on their Tetanus Toxoid Immunization: Yes No

Can the Nurse give your student Tylenol? ___ Yes. ___ No Alternative: _____

Can the Nurse give your student Benadryl? ___ Yes ___ No Alternative: _____

Can the Nurse give your student Ibuprofen? ___ Yes ___ No Alternative: _____

Can the Nurse give your student Other? Please list: _____

For Local Church Use Only

Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, or scrapes.

Does the Camper have:

____ Heart Trouble ____ Asthma ____ Seizures Other: _____
____ Ear Trouble ____ Sleepwalking ____ Bed Wetting _____

Current Medications Camper is taking: (Please remember that medications HAVE to come to camp in their ORIGINAL CONTAINER. (This includes: over the counter medications, inhalers, and vitamins)

Medication Name	Dosage	Reason for Prescription	Time of Day Taken/Special Instructions

Please list any additional medical/health needs your child may have:

Medical Consent: I, _____, grant permission for the RMMN Camp Nurse to give my child (name listed above) the medications listed above during their time at RMMN Youth Camp at Camp Cedaredge.

Signature: _____ **Date:** _____

Step #3: Background Information for Campers 18 years or older. If the camper will be 18 years or older on the first day of camp, please fill out the below information:

Have you ever been convicted of a felony or any other crime, other than traffic violations? Yes No
If yes, please explain: _____

Have you ever been convicted of a drug-related charge or had charges reduced in a plea? Yes No
If yes, please explain: _____

Have you ever been dismissed from employment or a volunteer position in a child supervisory capacity?
Yes No If yes, please explain: _____

Do you have a background check, within the last 2 years, on file with your local church? Yes No

Step #4 Parental & Camper Consent

I hereby grant permission for my child, named above to attend the Rocky Mountain Youth Camp at Camp Cedaredge. I further release my child into the custody of the adults from our church who are attending camp, as well as leaders from across the district. Furthermore, I grant permission to the nurse selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child. It is understood that the Camp leadership will make a conscientious effort to locate me or the emergency contact listed on this form. I will fully pay for all medical expenses, not covered by the child's insurance.

I understand that the Rocky Mountain Ministry Network is not responsible for my child on route to and from Camp Cedaredge.

I also understand that participants at Camp Cedaredge are liable for damages caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that camp is a voluntary activity. Campers must be willing to cooperate with the overall spirit and schedule of the camp. We reserve the right to search personal belongings for suspected contraband for the safety and protection of all. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, that is not always possible.

- I give permission for my student's photo to be used for promotional material and social media. _____ (Initial)
- I understand registration is **non-refundable but transferable** to another student to attend the camp instead. _____ (initial)

I have reviewed the camp information sheet and gone over the camp and dress code policies with my child.

Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

Parent Signature _____ **Date:** _____

Camper Signature _____ **Date:** _____

2025 RMMN Youth Camp Leader Application

Select Preferred Camp

_____ Youth Camp #1 - May 27 - May 30

_____ Youth Camp #2 - June 3 - June 6

_____ Youth Camp #3 - June 10 - June 13

_____ Youth Camp #4 - June 17 - June 20

All registrations are non-refundable but transferable

Contact Information: (Please Print Clearly)

First: _____ Last: _____

DOB: ____/____/____ Gender at birth: M F Age: _____ Marital Status: Married Single

Phone: _____ Email: _____

Church with City: _____

Optional T-shirt (\$12 extra, based on team color) XS S M L XL 2X 3X

Have you served as a Camp Leader before? _____

Have you asked Jesus to be your Savior? Yes No Have you been filled with the Spirit? Yes No Not Sure

Pastor's Name: _____ Youth Leader/Pastor _____

Medical Information

Physician: _____

Phone: _____

Insurance Co.: _____

Policy #: _____

Do you have allergies? ____ Yes ____ No

If yes, please explain:

Are you up to date with your Tetanus Toxoid Immunization: ____ Yes ____ No

Do you have:

_____ Heart Trouble

_____ Ear Trouble

_____ Asthma

_____ Hernia

_____ Pregnancy

_____ Seizures

Other: _____

Please list any additional medical/health/dietary/special needs you may have arise during your time at Camp:

In case of Emergency, please contact: _____

Emergency Contact Phone: _____ Relationship: _____

Background Information

Have you ever been convicted of a felony or any other crime, other than traffic violations? Yes No
If yes, please explain:

Have you ever been convicted of a drug related charge or had charges reduced in a plea? Yes No
If yes, please explain:

Have you ever physically, sexually, or emotionally abused a child? Yes No
If yes, please explain:

Have you ever been dismissed from employment or a volunteer position in a child supervisory capacity?
Yes No If yes, please explain:

Do you have a background check, within the last 2 years, on file with your local church? Yes No
*****If NO, you will need to have one on file before attending camp*****

Camp Staff Consent and Agreement Form

I affirm that the information submitted in this form is true and accurate to the best of my knowledge.

I understand that I am required to have a current background check on file with my local church PRIOR to arrival at the campground.

I understand that my registration is non-refundable but transferable.

If accepted to serve at Youth Camp, I pledge myself to a week of cooperative ministry with the camp directors and will maintain a personal discipline and spirit that exemplifies Christ at all times. I also grant my permission to the Rocky Mountain Ministry Network to use photography (individual or group) and/or multimedia images and recording in the best interest of the RMMN.

I authorize the nurse or Camp Director to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be contacted. I also understand that I will be held responsible for any medical expenses incurred.

Applicant Signature _____ **Date:** _____

Pastoral Reference

A Lead Pastor or Staff Pastor MUST complete and sign this portion

This form may be completed digitally by going to <https://form.jotform.com/RMAG/pastoral-reference>

Please read this paragraph of instructions carefully. The above-named person has applied for a staff position at RMMN Youth Camp this coming summer. We would appreciate your CONFIDENTIAL comments on this applicant.

Since it is impossible for us to become personally acquainted with all the applicants, we must rely heavily on your recommendation. Please complete this evaluation and return it to us as soon as possible. The candidate's application cannot be processed without this reference form. Thank you for your assistance.

Please return this form with Camp Registration Forms or mail to:

Youth Camp
Rocky Mountain Ministry Network
6296 Lehman Dr. Suite 202
Colorado Springs, CO 80918

Do you believe the applicant to be a well-grounded Christian? Yes No

Does the applicant attend your church? Yes No How Long? _____

Describe the applicants involvement in local ministry.

Have you completed a criminal background search on this applicant? Yes No Date: _____

According to the applicant's background check and your personal knowledge, has the applicant been charged with or convicted of a felony? Yes No

The applicant will be in direct contact with children. To the best of your knowledge, is there anything in the applicant's past or character that would cause you to question their ability to be used in this capacity? Yes No

Does he/she have any emotional, mental, or physical handicaps?

Would you recommend him/her to work with children, without reservation? Yes No

Pastor's Signature: _____ Date: _____

Pastor's Name Printed: _____ Church: _____

Email: _____

This is an endorsement from your church. Your application will not be accepted without your Pastor, Youth Pastor, or Kids Pastor's Signature