



Red Cliff Bible Camp

Registration Form



Camper Full Name: _____

Camper Date of Birth: _____ / _____ / _____

Camper Birth Gender: _____ MALE _____ FEMALE

Camper Email Address: _____

Grade Entering into next school year: _____

Full Name of Parent or Guardian, if camper is under 18 yrs. of age:

Home Phone: _____

Father's Cell: _____

Mother's Cell: _____

Mailing Address:

Camper Insurance Company: _____

Camper Insurance Policy Number: _____

Name of Church Presently Attending: _____

Name of Pastor: _____

Pastor's Email Address: _____

Which Camp/Retreat are you registering for? _____

Please check this box if you are interested in a 1 hour guided horseback ride. (Available only during the summer Junior and Teen weeks)

Is the camper allergic to any food, medications, or other substances: _____

If yes, please explain: _____

Is camper currently taking any medications: _____

If yes, please list: _____

In an event of an emergency, is there any other information we should know about the camper that would be pertinent to seeking medical treatment? _____

By checking this box, I acknowledge that Red Cliff Bible Camp reserves the right, for promotional and marketing purposes, to use any and all audio, video, and/or photography of guests and campers participating on the premises of Red Cliff Bible Camp.

Signature: _____

Date: _____ / _____ / _____