



Mt. Elim Bible Camp

MAIL COMPLETED FORMS TO: PO BOX 155 KREMMLING, CO 80459

Jr. Camp begins at 3PM on Monday June 19. Please do not drop campers off before 3 PM. Campers are dismissed following the pot luck supper and program that begins at 6 PM Friday June 23. Parents are welcome to join!

Contact: Wendy Villa 970-846-2221

Jr. High Camp begins at 3PM on Monday July 17. Please do not drop campers off before 3 PM. Camp ends at noon on Friday July 21.

Contact: The Journey at First Baptist 970-824-5926

High School 5 pm Thursday, July 27 **Staff must be there by 2 pm** Camp ends after lunch Sunday

Contact: Kremmling Community Church 970-620-0427

Who Can Go?

Anyone! Mt Elim accepts and encourages participation from all persons regardless of race, color, national origin or religion!

What is the Cost?

\$170 per camper with pre-registration (see below)

\$190 if paid the first day of camp

Financial Assistance Available

Packing List

- Personal Items
 - Flashlight
 - Bug Spray
 - Toiletries
 - Water Bottle
- Sleeping Bag
- Clothing
- Nice outfit for the banquet (JR CAMP ONLY)
- Warm Jacket
- Hiking Boots
- Bible
- Towel and Washcloth
- Notebook and Pencil

THE FOLLOWING ITEMS ARE STRICTLY PROHIBITED ON CAMP PROPERTY:

KNIVES, GUNS OR WEAPONS OF ANY KIND
 FIREWORKS
 TOBACCO, DRUGS & ALCOHOL
 ELECTRONICS
 BALLOONS

DRESS CODE

NO EXPOSED UNDERGARMENTS
 NO SHORT SHORTS
 NO TANK TOPS, SPAGHETTI STRAPS
 NO STRAPLESS SHIRTS
 NO MIDRIFTS OR SEE THROUGH CLOTHING
 GUYS MUST WEAR SHIRTS AT ALL TIMES
 NO OFFENSIVE T-SHIRTS: BEER, SEXUAL, POLITICAL, ETC.

QUESTIONS? CALL CAMP AT 970-736-8177 OR EMAIL MTELIMCAMP@GMAIL.COM

JUNIOR CAMP REGISTRATION

MT ELIM 2017—**JUNE 19-23**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

DATE OF BIRTH _____ SEX (circle) MALE / FEMALE

AGE/GRADE (FALL OF 2017) _____

NAME OF HOME CHURCH _____

PARENT _____

PHONE _____

EMPLOYER _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE _____

LIST THREE EMERGENCY CONTACTS

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

LIST CONTACTS PERMITTED TO PICK-UP YOUR CHILD

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

LIST ANY CONTACTS NOT PERMITTED TO PICK-UP YOUR CHILD

NAME / PHONE

NAME / PHONE

NAME / PHONE

CAMPER/PARENT AGREEMENTS

MT ELIM 2017

Camper Agreement

I have read all the information and agree to cheerfully comply with the rules and authority of the camp, counselors and staff.

Signature

Parent Agreement

I understand every effort will be made to contact me in the case of an emergency. In the instance that I cannot be reached I hereby give permission to any physician selected by the camp director to secure proper treatment and/or hospitalize my child (including surgery.) I also release the adult staff members of Mt. Elim Bible Camp to transport my child to and from any off-site activities related to the camp program of Mt. Elim.

Signature of parent or legal guardian

MEDICAL FORM

MT ELIM CAMP 2017

NAME _____

DOES THIS CAMPER/STAFFER HAVE ALLERGIES? Y / N

IF YES, PLEASE LIST:

PLEASE EXPLAIN ANY SPECIAL MEDICATIONS OR SPECIAL DIETARY NEEDS IN DETAIL:

IS THIS CAMPER/STAFFER PHYSICALLY ABLE TO PARTICIPATE IN ALL CAMP ACTIVITIES? Y / N

PLEASE LIST ANY LIMITATIONS:

NAME / ADDRESS / PHONE NUMBER OF CAMPER/STAFFER'S DOCTOR:

INSURANCE COMPANY

POLICY NUMBER

NOTICE: ALL MEDICATIONS, INCLUDING SUPPLEMENTS MUST BE IN THEIR ORIGINAL CONTAINER WITH ORIGINAL LABELS TO COMPLY WITH CHILD AND FAMILY SERVICES REGULATIONS

DOCTOR'S STATEMENT FOR MT ELIM CAMP 2017

Required by the State of Colorado, to be filled out by a licensed physician within one year of camp. Failure to complete this section will prohibit camper from enrollment of the camp program

Staffer Name

Please describe any history of serious illness or injury:

Height: _____ Weight: _____

BP: _____ Temp: _____

I have examined this staff member and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in a regular camping program except as follows:

Doctor's Signature

Date

Please print Doctor Name, Address and Phone below:

Doctor's Name

Doctor's Phone

Doctor's Address, City, State, Zip