

God's Great Big World
Annual Conference Camp for Kids
Registration Form
(Please complete a separate form for each child)

Child's Name: Last _____ First _____

Name desired on Name Tag: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Does your child have any allergies? _____

Does your child take any medications? If so, what should the camp leaders know about this? _____

Does your child have any specific dietary needs or restrictions? If so, what is your child not allowed to eat? _____

Is there any other information that the camp leaders need to know about your child? _____

Parent (s) / Guardian (s) names: _____

Parent(s) / Guardian(s) Phone Number: _____

Parent(s) / Guardian(s) Email Address: _____

Emergency Contact: Name _____ Phone Number: _____

Medical/Liability Release

Family Physician: _____ Phone Number: _____

Insurance Carrier: _____ Group# _____ Policy# _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with God's Great Big World Annual Conference Camp, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the person(s) listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying camp leaders associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by camp staff for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately, and that I will accept any expenses incurred.

Signed: _____ Date: _____

Photo Release

I, the parent/guardian of _____ give the Rocky Mountain Conference / God's Great Big World Annual Conference Camp permission to use my child's image in materials published by the Rocky Mountain Conference that might be used to report on or promote this ministry in the future.

Signed: _____ Date: _____

Caterpillars (Infant – Age 3)

Children under the age of four will stay on site at the hotel for the duration of the Annual Conference session. They will have constant supervision from trained and background-checked childcare providers. Parents will have the option to drop-off or pick-up their children at anytime throughout the Annual Conference Session, and they will be responsible for providing any materials that their child might need throughout the day. If your child fits in this age group, what sessions will they be attending? *Please select all that apply*

Thursday, June 9

Afternoon Session: ____

Evening Session: ____

Friday, June 10

Morning Session: ____

Afternoon Session: ____

Evening Session: ____

Saturday, June 11

Morning Session: ____

Afternoon Session: ____

Evening Session: ____

Sunday, June 12

Morning Session: ____

Afternoon Session: ____

Will you be providing you own appropriate snacks and lunch for your child? (please circle one) **Yes** **No**

(If you choose not provide you own snacks and lunch for your child, camp leaders will provide age appropriate snacks and meals throughout the day.)

Butterflies (Age 4 – Rising 6th Grade)

Children ages 4-10 will have a day-camp style experience involving games at the conference center as well as excursions to local parks and the nearby butterfly pavilion. They will be dropped off in the morning after breakfast and picked up before dinner. Snacks and admission to local exhibits will be covered by your registration fees. In the evenings, this group will be on sight at the convention center for arts, crafts, and games. Daytime sessions will run from 8:00am-5:30pm and evening sessions will run from 6:30pm-9:00pm. If your child fits in the age group, what sessions will they be attending? *Please select all that apply*

Thursday, June 9

Daytime Session: ____

Evening Session: ____

Friday, June 10

Daytime Session: ____

Evening Session: ____

Saturday, June 11

Daytime Session: ____

Evening Session: ____

Sunday, June 12

Daytime Session: ____

Evening Session: ____

Registration fees:

For 3 or more sessions...

1st child

\$75

2nd child in same family

\$45

Additional children in same family \$35

For less than 3 sessions

\$25 per session per child

**Please complete this registration form and mail with payment to:
Rocky Mountain Conference Attn: Annual Conference Childcare
6110 Greenwood Plaza Blvd, Greenwood Village, CO 80111**