

RMFU COOPERATIVE LEADERSHIP CAMP REGISTRATION FORM

Check # _____	Amount _____
Recruiter _____	

Camp Registration Options:

- a) current member—must include RMFU member # for this rate
- b) non-member—includes a \$25 “Friend of Farmers Union” membership
- c) non-member who does not wish to purchase a “Friend of Farmers Union” membership

_____ Junior Camp - June 9-12 (completed grades 2-4) a)\$120____ b)\$145____ c)\$175____

_____ Middle Camp - June 16-20 (completed grades 5-7) a)\$150____ b)\$175____ c)\$200____

_____ Senior Camp - June 23-27 (completed grades 8-12) a)\$150____ b)\$175____ c)\$200____

_____ Bus – Metro \$10, Rural \$20 (round trip)

Registration must include payment. Deadline is **June 2, 2008**. After this date, all registrations will be charged a **late fee of \$20.00**.

CAMPER INFORMATION

This form, except for the “Health History and Care Recommendations by Licensed Medical Personnel,” is to be filled in by parent/guardians of minors. This entire form and the attached physical form must be complete for attendance.

Name _____ Email _____ Phone () _____

Address _____ City _____ County _____ State _____ Zip _____

Social Security # _____ Gender _____ Birth Date _____ Grade Completed _____

Parents/Guardians Name _____ Phone Number _____

ParentsAddress _____ City _____ County _____ State _____ Zip _____

Employer’s Name _____

Work Address _____ Work Phone Number() _____

Other Parents/Guardians Name _____ Phone Number _____

ParentsAddress _____ City _____ County _____ State _____ Zip _____

Employer’s Name _____

Work Address _____ Work Phone Number() _____

RMFU Member # _____

T-Shirt Size: _____ Child’s small _____ Child’s medium _____ Child’s large
 _____ Adult’s small _____ Adult’s medium _____ Adult’s large

If not available in an emergency, notify: _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Employer’s Name _____

Work Address _____ Work Phone () _____ Relationship _____

TRANSPORTATION RELEASE

My child will arrive at camp by _____ bus _____ personal vehicle.

My child will leave camp by _____ bus _____ personal vehicle.

Indicate which bus stop (see attached document for listing) _____

Secondary pick up/drop off person _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Work _____ Work Phone () _____ Relationship _____

This camper will not be allowed to leave with anyone not listed above. A bus driver or camp staff member may request identification.

Please indicate if there is a specific person the camper is not to go with at any time _____ Yes _____ No

If yes, name that person _____

RESTRICTIONS

The following restrictions apply to this individual (please list both activity and dietary restrictions): _____

I understand and agree to abide by the restrictions placed on my camp activities.	
Camper Signature _____	Date _____

I hereby give permission for my child to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in all camp activities except for those noted above.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Mail this form along with registration fees to:
RMFU Education Director
5655 Yosemite St., Suite 400
Greenwood Village, CO 80111
Questions? Call 303-283-3550 or email jennifer.bahr@rmfu.org

Health History and Care Recommendations by Licensed Medical Personnel

(A school or sports physical performed within one year of the camp dates may replace this form.)

Child's Name _____ BP _____ Weight _____ Height _____

In my opinion, the above child _____ is _____ is not able to participate in an active camp program.

This child is under care of a physician for the following condition/s:

Current treatment at the time of report includes:

Treatment to be continued at camp:

Medications to be administered at camp (name, dosage, frequency):

Any medically prescribed meal plan or dietary restrictions:

Known allergies:

Description of any limitation or restriction on camp activities:

Additional information for health care staff at camp:

Vaccine		Enter date each immunization was given (mo/day/yr)			
DTaP	Diphtheria-Tetanus-Pertussis				
Td/DT	Tetanus-Diphtheria				
OPV/IPV	Polio				
Hib	Haemophilus influenzae type b				
Measles	Measles				
Mumps	Mumps				
Rubella	Rubella				
HB	Hepatitis B				
Varicella	Chickenpox				History of disease. Yes _____ Year _____
Other					

To the best of my knowledge, the person named above has received the above immunizations and is in the stated medical condition noted.

Signature of Medical Personnel _____ Title _____ Date _____
 Address _____ Phone () _____

INSURANCE INFORMATION

This child _____ is _____ is not covered by family medical insurance. ID # _____ Group # _____
 Carrier/plan name _____ Phone () _____
 Carrier address _____
 Name of insured _____ Relationship _____

PARENT AUTHORIZATION FOR EMERGENCY CARE

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____ Date _____
 Witness _____ Date _____

If for religious reasons you do not desire to sign this, contact the camp for a legal waiver, which must be signed for attendance.

At Camp Screening Record
 Screened by _____ Date _____ Time _____ am pm
 Meds received: _____
 Updated/additions to health history noted _____ Yes _____ No _____ Current health needs identified _____
 General observation notes: _____