

R.O.C.K. Gluten Free Fun Camp REGISTRATION FORM

Please return completed registration form to Katie Radeke/R.O.C.K. 507 Huntington Dr. S Sartell, MN 56377

GENERAL INFORMATION (Please Print)

Name of Applicant - Last, First, Middle (M/D/Y) Age Grade in fall '10 Date of Birth

Celiac Sibling/Friend of Celiac

Height Weight Sex

Current Address Number and Street/Route

City/State/Zip Email Address

Home Phone (include area code) Parent Cell Phone(s)

Race/Ethnic Information (optional): Black Caucasian Hispanic Asian/Pacific Islander Native American

Name of person filling out this application (if other than applicant)/Relationship to Applicant

EMERGENCY NOTIFICATION - MUST be other than parent/guardian

Name Phone Number (include area code) Relationship to Applicant

PARENT/GUARDIAN INFORMATION (If under 18) Is applicant a foster child? yes no

1. Full Name of Parent/Guardian Cell/Work Phone (including area code)
Occupation

2. Full Name of Parent/Guardian Cell/Work Phone (including area code)
Occupation

Please explain any special custodial information

Who will bring your child to camp? _____

Who will pick your child up from camp? _____

Who is restricted from visiting your child at camp? Name _____

CABIN ROOMMATE REQUESTS *Note: We reserve the right for final placement based on capacity.*

No roommate preference

The applicant would like to room with _____

HEALTH AND DIET

_____ has Celiac Disease Dermatitis Herpetiformis is NON-CELIAC
 is gluten intolerant

The R.O.C.K. menu will be gluten free. We also realize other food sensitivities/intolerances are common. Please list these in the area below to aid in menu selection and preparation. Because we cannot accommodate all food sensitivities and intolerances, children with additional requirements should be familiar with their individual diet and may be required to help in choosing safe alternatives. Please describe below the intolerance/allergy and symptoms specific to YOUR CHILD.

Food: _____ Reaction: _____

Additional Concerns or Comments:

COST INFORMATION

Camp fees are \$270 per camper. Please send a \$135 non-refundable registration deposit with your application or pay in full. Reservations are on a first come, first served basis and are due by July 1, 2010. The medical forms and any balance owed are due by July 1, as well. Scholarships are available. Contact Katie Radeke at ktanradeke@hotmail.com or 320-980-1725 for more information. Check or money order should be made payable to **R.O.C.K. Gluten Free Fun Camp** and should be mailed with the Registration Form to **Katie Radeke - R.O.C.K. GFFCamp - 507 Huntington Drive S. Sartell, MN 56377**

CHECK IN/CHECK OUT

Check in time is *between 1:00 and 3:00 pm*. **NOTE:** Upon arrival at registration, all applicants will meet with the staff nurse.

Check out time is *Friday promptly at 10:00 am*.

Is your family a member of Twin Cities R.O.C.K. (your answer will not affect the cost of your child's camp experience)? yes no

TSHIRT SIZE (circle one)

Youth S Youth M Youth L Adult S Adult M Adult L
AdultXL

For office use only: Posted _____ Medical Sent _____ Alt _____ Transportation _____
R.O.C.K. Gluten Free Fun Camp Registration Form

CONSENT FORM

THIS SECTION MUST BE SIGNED

The applicant or parent/guardian has read and understands all the information in this application and understands the nature of the camp activities and gives permission for the camper to participate. The applicant or parent/guardian will receive a Health and Medical Exam form, which must be completed and returned to R.O.C.K. Twin Cities Chapter, hereinafter R.O.C.K., before they will be admitted to "Gluten Free Fun Camp" at Camp Courage. The applicant or parent/guardian also agrees to the following:

- The applicant agrees not to attend camp if they have been exposed to a contagious disease within three (3) weeks of the date they are to report to camp and to notify R.O.C.K. immediately.
- In case of medical emergency, I hereby give permission to the medical personnel selected by R.O.C.K. and/or Camp Courage to obtain medical treatment for myself/applicant/child, including, without limitation, to order x-rays, routine tests and treatment for myself/applicant/child. Further, I hereby give permission to the physicians selected by R.O.C.K. and/or Camp Courage to hospitalize, secure proper treatment for , and/or to order anesthesia and/or surgery for myself/applicant/child as named in this application in case of a medical emergency.
- The applicant or parent/guardian grants permission to the staff and volunteers to provide myself/applicant/child with transportation.

The applicant consents to the use of their name, photographs and comments in publicizing the work of Courage Camps (which includes Camp Courage, Courage North, and Courage Day Camps), Courage Centers, and R.O.C.K.

yes no

I hereby represent and warrant that I am my child's parent and/or legal guardian. I am aware of the risk and dangers involved in participating in camping activities and that unanticipated and unexpected dangers and risks may arise. I am aware of the inherent risk and dangers associated with the applicant/my child having celiac disease. I have discussed these risks with my child and I consent to my child's assumption of all risk or injury to his or her person or property that may be sustained as a result of any cause specifically, including, but not limited to, negligence, on parent of any person or entity. I hereby hold harmless and release R.O.C.K. and Camp Courage, their officers, directors, employees, and agents, from any and all claims, demands and rights of action, whatsoever, now existing or hereafter arising, whether or not known or anticipated, arising out of or related to any act or omission, whether negligent or otherwise, which may result in property damage or personal injury, including death, arising out of the applicant/my child's presence or participation in "Gluten Free Fun Camp" at Camp Courage and in connection with transportation and any medical treatment provided to the applicant/my child and this release and indemnification shall be binding upon my child, and my child's or my personal representatives, heirs and assigns.

Signature of applicant or parent/guardian if applicant is under age 18

Date

Courage Camps, which includes Camp Courage and Courage North, is operated in accordance with US Department of Agriculture policy, which does not permit discrimination because of race, color, sex, age, disability or national origin. More information can be obtained through Courage Center, 3915 Golden Valley Road, Minneapolis, MN 55422 or from the Office of Equal Opportunity, USDA, Washington D.C. 20250. Any person who believes that he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington D.C., 20250.