

Gluten Free Fun Camp
REGISTRATION FORMS 2017 (NOTE: MED FORMS SEPARATE)

Please return completed registration forms to:
Katie Radeke/R.O.C.K. 507 Huntington Dr. S Sartell, MN 56377
Or email it to: camprockmom@gmail.com

Name of Applicant - Last, First, Middle Gender Date of Birth (M/D/Y) Age at time of camp

__Celiac/Gluten Intolerant __Sibling/Friend of Celiac _____
Grade in fall '17

Current Mailing Address: _____

Email Address of PARENTS and frequently used email of camper if applicable:

Please list the best phone numbers to get ahold of you in the order in which we should call in case of emergency or in case we need to connect prior to camp:

Phone owner name/number _____ cell/landline (circle one)
Phone owner name/number _____ cell/landline (circle one)
Phone owner name/number _____ cell/landline (circle one)

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

EMERGENCY NOTIFICATION - MUST be other than parent/guardian
Name _____ Relationship to Applicant _____
Phone Number(s) (include area code) _____

PARENT/GUARDIAN INFORMATION

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 that we need to know:

Who will bring your child to camp? _____
Who will pick your child up from camp? _____

*Please note that we will not release your child to another driver (not listed here) on the day of pick up without parental consent.

CABIN ROOMMATE REQUESTS Note: **We reserve the right for final placement.** Cabin mates will be placed **by age**. We will accommodate requests within reason. Requests for siblings and friends to room together will be considered, but we reserve the right to place them in separate cabins if their age range is too large. We will do our best to accommodate preferences based on our space available.

_____ No roommate preference

The applicant would like to room with _____

FORMER CAMPERS WHO ARE AGE 16+ ARE ELIGIBLE TO APPLY TO BE A JR. COUNSELOR. PLEASE EMAIL KATIE RADEKE at camprockmom@gmail.com FOR APPLICATION/MORE INFORMATION. THIS PROCESS INCLUDES A PHONE INTERVIEW WITH TRUE FRIENDS STAFF.

HEALTH AND DIET

Please check which one applies:

___ Celiac Disease ___ is NON-CELIAC ___ is gluten intolerant

IMPORTANT! The R.O.C.K. menu will be 100% 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 eliminate all food sensitivities and intolerances, children with additional diet requests and 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. PLEASE BE SPECIFIC! For example, if your child is "lactose intolerant", Can your child have milk when used in a recipe but cannot drink a glass of milk? Be as specific as you can. Thank you!! (No need to list gluten, we are 100% gluten free!)

Food: _____

Reaction: _____

Replacement (what do you use at home instead?) _____

Can your child have this item in baked recipes? _____

If other food restrictions, please list on back side of page in same format...

Additional Concerns or Comments: Does your child receive special education services at his/her school? If so, please specifically state his or her needs in regards to behavior plans, adaptive equipment, sensory needs, and/or ANYTHING else that would make your child's stay at camp be the best it can be! You may be contacted for further clarification:

CODE OF CONDUCT Your child will be required to sign a CODE OF CONDUCT form when he/she arrives at camp. We reserve the right to ask you to come and get your child early if he/she does not abide by the Code of Conduct.

REGISTRATION AND PAYMENT INFORMATION REGISTRATION FOR KIDS WITH CELIAC DISEASE or GLUTEN INTOLERANCE DIAGNOSED BY A PHYSICIAN AND SIBLINGS WILL BE BETWEEN 2/1/2017 and 5/1/2017. After May 1, 2017, registration will be open to friends (ONE FRIEND per camper).

Camp fees are:

Non-Refundable Deposit required at time of registration: \$100 per camper

If you register and pay in full by April 1, 2017: \$475 per camper

If you register and pay in full AFTER April 1, 2017: \$500 per camper

Full payment is due at check in, no exceptions.

Scholarships are available on a first come, first served basis and are based on the number of scholarship applicants and on history of scholarships awarded. Scholarships are limited. Scholarships must be requested by May 15 with your deposit of \$100 minimum. ONLY CHILDREN WITH CELIAC/GLUTEN INTOLERANCE may receive scholarships (friends, siblings do not qualify). Contact Katie Radeke at camprockmom@gmail.com for more information about scholarships.

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 Medical forms may be mailed to the same address.

MEDICAL FORMS ARE SEPARATE FROM THIS REGISTRATION FORM. PLEASE SEE INSTRUCTIONS ON MEDICAL FORMS.

CHECK IN/CHECK OUT: TIMES TO BE DETERMINED and will be emailed to you. (Typically 2pm-4pm for check-in, 12-1 for check out)

Is your family a member of Twin Cities R.O.C.K. (answer does not affect camp cost)?

yes no

TSHIRT SIZE (circle one)	YS	YM	YL	
	AS	AM	AL	AXL

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 True Friends. 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 True Friends 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 True Friends 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 True Friends 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 True Friends, 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 True Friends and in connection with transportation and any medical treatment provided to the applicant/my child and this release and indemnification shall be bringing upon my child, and my child's or my personal representatives, heirs and assigns.

Signature of applicant or parent/guardian

Date