

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 _____ Age _____ Grade in fall '12 _____ Date of Birth _____
(M/D/Y)

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: You may be contacted for clarification, so please be specific.

COST INFORMATION

Camp fees are \$250 per camper. Please send a \$100 non-refundable registration deposit with your application or pay in full. Reservations are on a first come, first served basis and are due by June 1, 2012. The medical forms and any balance owed are due by June 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: TIMES TO BE DETERMINED

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 New Hope. 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 New Hope 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 New Hope 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 Friendship Ventures, 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 t 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 New Hope, 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 New Hope and in connection with transportation and any medical treatment provided to the applicant/my child and this release and indemnification shall be binging 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

Friendship Ventures 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
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