

ROCK LAKE CHRISTIAN ASSEMBLY
2008 HANDI-CAMP CAMPER REGISTRATION FORM
August 22 - 24, 2008

Please complete all of the applicable information. *This information is essential to provide appropriate care during the weekend retreat.* If the information requested does not apply, simply place "NA" in the space provided.

Name: _____

Gender: Male Female Age: _____ Height: _____ Weight: _____

Primary Disability: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email: _____

Home Congregation: _____

Previous Camping Experience? Yes No

Parent / Guardian / Caregiver: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email: _____

EMERGENCY CONTACTS

In case the primary caregiver is unable to be reached in an emergency or medical need, please provide several alternatives

1. Name _____

Address _____

Home Phone: (_____) _____ - _____ Relation to Camper: _____

2. Name _____

Address _____

Home Phone: (_____) _____ - _____ Relation to Camper: _____

3. Name _____

Address _____

Home Phone: (_____) _____ - _____ Relation to Camper: _____

Please List ALL MEDICATIONS / HERBALS / SUPPLEMENTS

All medications must be turned over to the Health Officer(s) at the time campers sign in. ALL MEDICINES MUST BE IN ORIGINAL CONTAINERS (State of Michigan regulation for youth camps). All medications (including non-prescription) will be dispensed by the designated Health Officers. Please list ALL required medications below.

Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____

Please provide a list of any and all medications to the medical staff. If the camper requires additional treatments or devices that must be administered by a qualified staff person, please list below and bring to the attention of the medical staff at the time of registration at camp.

IT IS MOST IMPORTANT that you provide essential information regarding the camper's disabilities and specific needs. This is the information that we will use in arranging specific provisions for the camper. Registrations that do not provide information regarding disabilities will not be processed and will be returned.

Disabilities (List ALL) _____

Physical Disabilities / Limitations _____

Physical Disability Involves: Legs: R L Arms: R L Hands: R L Head Breathing
Mobility: Independent
 Needs Assistance With: Walker Crutches Wheelchair
If in Wheelchair: Propels Self Must Be Pushed

For non-ambulatory campers, it is the responsibility of the parent / guardian / caregiver to provide a wheelchair or other device that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe and fully operational.

Vision: Normal Glasses Contacts Vision Impaired Legally Blind
Hearing: Normal Deaf Hearing Impaired Uses Hearing Aids (bring extra batteries)
Communication: Verbal Speech Difficulty Nonverbal Signs Gestures
 Communications Board

Seizure Disorder: Type & Frequency _____

Date of Last Seizure: _____ Wears Helmet: Yes No

Special Care for Seizures: _____

Allergies: _____

Precautions / Special Instructions: _____

Personal Care: Independent Requires Assistance Dependent

Level of Care Required:

Showering / Bathing: _____

Toileting: Uses Toilet Uses Bedpan Catheterizes Self Must be Catheterized

Wears "Depends" Prompts After Toileting Assistance After Toileting

Mealtime: Uses Utensils Uses Fingers Uses Special Container

Requires Bib Uses Straw Tube Feeding Required

Dietary Restrictions: _____

Special Foods / Textures: _____

Other Mealtime Provisions: _____

Nighttime: Nighttime Incontinence Wears "Depends" Gets Up During Night

Develops Bedsores Sleeps On: Back Stomach Side (R L)

Other Considerations: _____

Other Needs: _____

Activities camper SHOULD NOT engage in: _____

Discipline / Inappropriate Behavior Concerns: _____

Likes / Dislikes to be aware of: _____

Special Interests / Skills: _____

Reading Skill: Yes No With Assistance

Writing Skill: Yes No With Assistance

Other pertinent information that would be helpful to the staff: _____

Has this individual ever been the victim of abuse? Yes NO If yes, please explain: _____

Has this individual ever been charged with abuse or related misconduct? Yes No If yes, please explain: _____

Please Note: Based on the level of care required for the Camper, and the staffing patterns of a specific Handi-Camp session, you may be required to provide a caretaker for the duration of the session.

Insurance Company: _____

Policy #: _____

The following persons are authorized to pick up this camper:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

ROCK LAKE CHRISTIAN ASSEMBLY

HANDI-CAMP AGREEMENT

I certify that the information provided on this application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to. _____ I will not hold Rock Lake Christian Assembly, or any of the staff responsible for any damage to or loss of said property.

I request that Rock Lake Christian Assembly obtain necessary emergency medical treatment for the above-named camper as needed. I understand that I, and/or my medical insurance provider will be responsible for medical cost incurred for such emergency medical care required during the Handi-Camp.

I hereby give permission for the above-named camper to appear in photographs or video recordings made during the camp session. This permission extends to the use of photos or video recordings in promotional presentations made by Rock Lake Christian Assembly.

Please Note: We must be able to contact the Parent, Guardian or Caregiver for the camper named above at any time, day or night during the duration of the camp session. If you, as the signer below will, at any time, be unable to respond to any communication regarding the camper, you must provide an alternate contact person for the camp to call. That person must be able to contact you promptly.

Signature Required:

_____	_____
Parent / Guardian / Caregiver	Date
_____	_____
Camper	Date

In our efforts to meet the spiritual needs of campers, during the Handi-Camp we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. Should this camper make this decision we will follow your instructions as indicated below. If you have any questions about our belief regarding baptism by immersion, please contact the Camp Office at 989-268-5377 and ask to speak with Henry. He can also be reached via email at henry@rlca.org . We welcome the opportunity to discuss this matter with you.

If _____ Chooses to be baptized:

- _____ I authorize Rock Lake Christian Assembly to perform the baptism.
- _____ I prefer to have my minister perform the baptism at our home church.
- _____ I request to be present at the baptism.
- _____ Has already been baptized.
- _____ May not be baptized.

**ROCK LAKE CHRISTIAN ASSEMBLY
FEES AND PROCEDURES FOR 2008 HANDI-CAMP**

Begin with the Cost of Camp Session:	\$125
Subtract the amount to be paid by Church and/or Scholarship	_____
Equals the tuition to be paid by camper	_____
Subtract non-refundable deposit (\$20) and any fee sent with registration	_____
Subtotal	_____
If received less than 2 weeks before session start date	
Add Late Fee of \$20	_____
 Total due to complete registration at Check In	 \$

RLCA OFFICE USE ONLY

Make Checks and/or Money Orders Payable to: Rock Lake Christian Assembly
RETURN TOP PORTION, ALONG WITH THE REST OF THIS PACKET TO:
 Rock Lake Christian Assembly
 7389 Vestaburg Road PO Box 340 Vestaburg, Michigan 48891



Camper Check-In and Pick-Up Times

Check-In	Friday	7:00 PM
Pick-Up	Sunday	2:00 PM

If you need to reach the camp during the camp session, Camp phone numbers are:

- 989-268-5377 (Office)
- 989-268-9879 (Camp Director's Residence)
- 989-807-0083 (Camp Director's Cell Phone)

Camper WILL NOT need to bring to camp the following: Cell Phone, CD Player, Tape Players, Ipod, Video Games, Snacks to keep in sleeping area, pets, tobacco, alcohol, firearms, fireworks, excessive money.

Camper WILL NEED TO BRING enough clothing for the weekend, bedding (pillow, sheets & blanket or sleeping bag), toiletry articles, towel, washcloth, Bible, pencil / pen, pad of paper.