



# ROCK LAKE CHRISTIAN ASSEMBLY CAMP & RETREAT FACILITY

7389 E. VESTABURG RD. VESTABURG, MI 48891

[WWW.RLCA.ORG](http://WWW.RLCA.ORG)

989-268-5377

Camper's Full Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Camper's Email \_\_\_\_\_ Camper's Cell Phone \_\_\_\_\_  
 Church Camper Attends \_\_\_\_\_ City \_\_\_\_\_



*The RLCA High School Retreat is for students in 9<sup>th</sup>-12<sup>th</sup> Grades. Check-in will be at the Welcome Center on 7pm Friday November 15th. Camp ends at noon on Sunday November 17th. The fee for this event is \$70/Camper. Contact us at 989-268-5377 or [info@rlca.org](mailto:info@rlca.org) for more information.*

### Parent/Guardian #1 Information:

Name \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_ Email \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Same Address as Camper's?  Yes  No (Please complete below.)  
 Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian #2 Information:

Name \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_ Email \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Same Address as Camper's?  Yes  No (Please complete below.)  
 Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contacts

Name	Relationship to Camper	Phone Number



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List your camper's allergies: \_\_\_\_\_

Describe any dietary restrictions: \_\_\_\_\_

List any medications that your camper will be bringing to camp: \_\_\_\_\_

Anything else we should know about your camper: \_\_\_\_\_

I, **THE PARENT OR GUARDIAN** of the camper named on this registration . . .

1. Give permission for the Health Officer of RLCA to secure routine non-surgical medical care for my child while attending camp, including transportation to and from a doctor's office or hospital.
2. Give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, order injections, anesthesia or surgery for my child. I understand that every effort will be made to contact me before any emergency procedures are taken.
3. Give permission for my child to participate in all activities during this camp session, including off-site trips, except as indicated on the health form.
4. Acknowledge that the insurance carried by RLCA is a secondary coverage, covering medical needs beyond what my personal insurance will cover up to a maximum of \$2000.
5. Release Rock Lake Christian Assembly from any responsibility other than normal supervision and care. In case of an accident I will not hold RLCA, or its faculty, staff, management or trustees liable unless guilty of gross negligence.
6. Give permission to use any video or photos of my child while attending or participating in a camp program to promote RLCA and its ministry.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_, 2019

Name Printed Clearly \_\_\_\_\_

Fee for Camp Session, which includes Deposit	\$ 70.00
Amount to Be Paid By Church Scholarship	- \$ _____
Tuition to Be Paid By Camper	= \$ _____
<b>Sent With Registration</b>	- \$ _____
<b>TOTAL DUE TO COMPLETE REGISTRATION AT CHECK IN</b>	<b>= \$ _____</b>
If a Church Scholarship is applied, your Church Representative <b>MUST sign below.</b>	

For RLCA Office Use Only: Check # \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_