

Little Rockies Rodeo Bible Camp

2018 CAMP REGISTRATION AND HEALTH HISTORY FORM

NAME OF CAMPER _____ Home Church _____
 Birthdate _____ Current Age _____ Grade (Fall '18) _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Home or Cell Phone (_____) _____ Cell or Work Phone (_____) _____
 Parent/Emergency Contact Name(s) _____
 Parent/Emergency Contact address (if different from camper) _____

<p style="text-align: center;">Health History</p> <p>If none apply, check here <input type="checkbox"/></p> <p>Diseases/Conditions: <i>(Please list approximate dates.)</i></p> <p><input type="checkbox"/> Ear infections _____ <input type="checkbox"/> Heart Condition(s) _____ <input type="checkbox"/> Seizures _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Bleeding Disorders _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> MMR _____ <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Hepatitis _____ <input type="checkbox"/> Fractures _____ <input type="checkbox"/> Operations _____</p> <p><input type="checkbox"/> Loss of Consciousness/Concussion _____</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">Immunizations</p> <p>Tetanus/Whooping Cough (DPT, TD or TDAP)</p> <p style="text-align: center;">Date of most recent immunization _____</p>	<p style="text-align: center;">Medical Allergies</p> <p>If none apply, check here <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please list any chronic condition or medications which may affect camper, any restrictions or limitations, or attach a detailed description with directions for care: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Horse Experience</p> <p><input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p> <hr/> <p style="text-align: center;">Events and Classes</p> <p style="text-align: center;">In this section choose up to 3 events (in order of preference 1-3) and/or 1 class</p> <p style="text-align: center;"><input type="checkbox"/> Rough Stock \$150 <input type="checkbox"/> All Other \$125</p>		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p style="text-align: center;">COWBOYS</p> <p style="text-align: center;">Events</p> <p>___ Bareback Riding ___ Bull/Steer Riding ___ Calf Roping ___ Saddle Bronc ___ Steer Wrestling ___ Team Roping</p> <p style="text-align: center;">Classes</p> <p><input type="checkbox"/> Basic Horsemanship <input type="checkbox"/> Intermediate Horsemanship</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p style="text-align: center;">COWGIRLS</p> <p style="text-align: center;">Events</p> <p>___ Barrel Racing ___ Breakaway Roping ___ Goat Tying ___ Pole Bending ___ Team Roping</p> <p style="text-align: center;">Classes</p> <p><input type="checkbox"/> Basic Horsemanship <input type="checkbox"/> Intermediate Horsemanship</p> </td> </tr> </table>	<p style="text-align: center;">COWBOYS</p> <p style="text-align: center;">Events</p> <p>___ Bareback Riding ___ Bull/Steer Riding ___ Calf Roping ___ Saddle Bronc ___ Steer Wrestling ___ Team Roping</p> <p style="text-align: center;">Classes</p> <p><input type="checkbox"/> Basic Horsemanship <input type="checkbox"/> Intermediate Horsemanship</p>	<p style="text-align: center;">COWGIRLS</p> <p style="text-align: center;">Events</p> <p>___ Barrel Racing ___ Breakaway Roping ___ Goat Tying ___ Pole Bending ___ Team Roping</p> <p style="text-align: center;">Classes</p> <p><input type="checkbox"/> Basic Horsemanship <input type="checkbox"/> Intermediate Horsemanship</p>
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Media Release: I give my permission for photographic and/or video images of my camper to be used in future Little Rockies Rodeo Bible Camp promotional materials or publications. I understand Little Rockies will not use my child's name or personal information.

Yes **No** _____ **Initials**