

# Little Rockies Rodeo Bible Camp

## CAMP REGISTRATION AND HEALTH HISTORY FORM

**NAME OF CAMPER** \_\_\_\_\_ Home Church \_\_\_\_\_  
Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Grade (This Fall) \_\_\_\_\_  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) \_\_\_\_\_

<b>Health History</b> If none apply, check here <input type="checkbox"/> <b>Diseases/Conditions:</b> <i>(Please list approximate dates.)</i> <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 _____  <input type="checkbox"/> Loss of Consciousness/Concussion _____  <input type="checkbox"/> Other _____  <b>Immunizations</b> Tetanus/Whooping Cough (DPT, TD or TDAP)  Date of most recent immunization _____	<b>Medical Allergies</b> If none apply, check here <input type="checkbox"/> _____ _____ _____ _____  Please list any <b>chronic condition or medications</b> which may affect camper, any restrictions or limitations, or attach a detailed description with directions for care: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>Horse Experience</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
	<b>Events and Classes</b> In this section choose up to 3 events (in order of preference 1-3) and/or 1 class  <input type="checkbox"/> Rough Stock \$175 <input type="checkbox"/> All Other \$150	
<b>COWBOYS</b>  <b>Events</b> ___ Bareback Riding ___ Bull/Steer Riding ___ Calf Roping ___ Saddle Bronc ___ Steer Wrestling ___ Team Roping <b>Classes</b> <input type="checkbox"/> Basic Horsemanship <input type="checkbox"/> Intermediate Horsemanship		<b>COWGIRLS</b>  <b>Events</b> ___ Barrel Racing ___ Breakaway Roping ___ Goat Tying ___ Pole Bending ___ Team Roping <b>Classes</b> <input type="checkbox"/> Basic Horsemanship <input type="checkbox"/> Intermediate Horsemanship

**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