

RMFU Cooperative Leadership Camp Registration Form

Camp Registration Options

- a) current member—must include RMFU member # for this rate
- b) non-member—includes a \$45 associate membership
- c) non-member who does not wish to purchase the associate membership

							T-Shirt Size					
	Junior Camp (completed grades 2 nd -6 th)	June 11-15	a) \$225		b) \$270		c) \$320	Child Size		Adult Size		
	Senior Camp (completed grades 7 th -12 th)	June 18-22	a) \$225		b) \$270		c) \$320	S	L	S	L	
	Bus (round trip)		Rural \$30				Metro \$20		M		M	XL

Family friendly payment options are available by calling 303-283-3550.

This form, except for the "Health History and Care Recommendations by Licensed Medical Personnel," is to be completed by parent/guardians of minors. The registration form and the health form must be complete for attendance.

Camper Information

Name Gender Cell
 Address City State Zip County
 Email Birth Date Grade Completed

Parent/Guardian's Contact Information

Parent 1 Cell Email
 Address City State Zip
 Employer's Name Work Phone
 Address City State Zip

Parent 2 Cell Email
 Address City State Zip
 Employer's Name Work Phone
 Address City State Zip

Emergency Contact, if not available in an emergency, notify

Name Cell Email
 Address City State Zip
 Relationship

My child will arrive at camp by: bus personal vehicle **My child will leave camp by:** bus personal vehicle

Indicate which bus stop (see attached document for listing)
 Secondary pick up/drop off person Relationship Cell
 Address City State Zip

This camper will not be allowed to leave with anyone not listed above. A bus driver or camp staff member may request identification.

Please indicate if there is a specific person the camper is not to go with at any time Yes No
 If yes, name that person

I hereby give permission for my child to go on trips away from camp premises, whether on foot or by vehicle.

Parent/Guardian Signature _____ Date _____

I hereby give permission for my child to participate in all camp activities, except for the following restrictions, explain below.

Parent/Guardian Signature _____ Date _____

I allow for my child's contact information to be shared with other campers.

Parent/Guardian Signature _____ Date _____

I allow for my child's photo to be taken and used in camp promotional and/or educational purposes.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT OF RESPONSIBILITY AND RELEASE OF LIABILITY

Our child will attend the Rocky Mountain Farmers Union Cooperative Leadership Camp in June 2018. In consideration of his or her attendance at the Camp, we agree that Rocky Mountain Farmers Union, National Farmers Union, and Rawhide Fly-Fishers, LLC are not responsible for any accident or injury affecting my child or children during the time spent at camp or while being transported to or from the camp or camp activities. We agree to hold harmless and indemnify Rocky Mountain Farmers Union, National Farmers Union, and Rawhide Fly-Fishers, LLC and their staffs, representatives, and employees from all liability in relation to our use of the premises, travel to and from the camp, engagement in Camp activities, use of materials or equipment, buildings and/or operations of the Rocky Mountain Farmers Union Cooperative Leadership Camp. We hereby agree to release the above entities from all liability for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward. We understand that Rocky Mountain Farmers Union, National Farmers Union, and Rawhide Fly-Fishers, LLC will take all reasonable precautions to ensure the safety, health and well-being of my child by exercise of due care and by following all Colorado Department of Human Services/Division of Child Care regulations and guidelines.

Parent/Guardian Signature _____ Date _____

Health History and Care Recommendations by Licensed Medical Personnel: (a school or sports physical performed within the preceding 24 months of the camp dates may accompany this form).

Camper's Name Birth Date Gender: Male Female

Physical exam done today? Yes No If no, date of last physical

Allergies No known allergies. This camper is allergic to: Food Medicine Environment (insect stings, hay fever) Other

Explain

Diet Nutrition: This camper eats a Regular Diet Vegetarian diet Lactose intolerant Gluten intolerant

Explain

Restrictions: Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No If yes, please describe restrictions.

Medication this camper **Will not** take any daily medications while attending camp. **Will** take the following medication(s) while at camp.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All medication is required to be in the original pharmacy container(s) with labels which show the camper's name and instructions on how it should be given. Please provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Date started	Reason for taking	When it is given			Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		

Immunizations: A copy of the child's current immunization record including the date of the last tetanus shot must be attached.

To the best of my knowledge, the person named above has received the required immunizations and is in the stated medical condition noted.

Signature of Medical Personnel Title Date

Printed Name Phone

Address City State Zip

To be completed by parent or legal guardian.

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below. **Has/Does This Camper:**

1. Ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. If female, have problems with periods/menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have recurrent/chronic illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Ever had back/joint problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have a history of bed wetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have problems with diarrhea/constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have any skin problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Current Medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Any known drug reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Wears glasses/contacts/protective eye wear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Traveled outside of the country in the past 9 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where, country and dates:	
13. Had a mononucleosis ("mono") during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

26. Ever been treated for attention deficit disorder (ADD) or Attention Deficit/Hyperactivity Disorder (AD/HD) Yes No

27. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No

28. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No

29. Had a significant life event that continues to affect the camper's life?
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) Yes No

Please explain "Yes" answers in the space below, noting the number of the question.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Insurance Information: Please include a copy of your medical card, front and back. Child is **is not** covered by family medical insurance.

Carrier/plan name ID# Group # Phone

Address City State Zip

Name of insured Relationship

Parent/Guardian Authorization

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine texts, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physical selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

If for religious, medical, or personal reason you do not desire to sign this, contact the camp for a legal waiver which must be signed for attendance.

Parent/Guardian Signature _____ Date _____