



TRCC Registration Form

ALL guests of TRCC must complete this form

NOTE: PLEASE DOWNLOAD BEFORE PRINTING OR FILLING IN THIS FORM

Guest Information

Youth (Under 18 yrs)
 Adult (18 yrs & over)
 First time at TRCC
 I'm back! ☺

Church/Organization: _____ Event Dates: _____

Type of Camp (Check all that apply):
 Church Youth College Women Family
 School Children Service Men

Name: _____ Gender: Male Female

Email: _____ Phone Number: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____

Relationship to you: Parent Spouse Other: _____ Alternate Phone: _____

Medical Information

Is the camper up to date on all immunizations? Yes No Last Tetanus Shot: _____

Dietary Restrictions? Gluten Free Vegetarian Nut Allergies Other: _____

Any medical conditions you would like to share? _____

Any allergies you would like to share? _____

Any prescribed medication along with camper of which you would like to make us aware? If so how are they to be administered? _____

Additional Information for Youth (Under 18 Years of Age)

Date of Birth: _____ Grade: _____

Parent(s)/Guardian(s): _____

Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ - _____ - _____

Participation Consent and Medical Treatment Authorization

Camp activities may include, but are not limited to, hiking, swimming, mountain scooters, ropes course, target shooting, archery, paintball, team recreation, etc. There are risks of physical harm or injury that could result from attending camp and participating in camp activities. I voluntarily elect myself (or my minor/child) to participate in camp activities and assume the risks of harm or injury that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release TRCC, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) as a result of participating in any camp activity. I also authorize TRCC staff to provide transportation to and from activities that may take place away from the camp property. I further release the use of my (or my minor/child's) likeness, voice, and words in video, film, and print to Tonto Rim Christian Camp. In recognizing that TRCC only provides simple topical general first aid supplies, I hereby authorize TRCC staff to assist me (or my minor/child) in securing emergency medical services if such a need arises. I also hereby authorize emergency medical or surgical care by licensed medical care providers.

I have read and understand this Participation Consent and Medical Treatment Authorization.

_____ / / _____
 Signature of Adult Guest or Parent/Guardian or Typed Name of Adult Guest or Parent/Guardian Date

Please submit this form to your group leader!