

## 2020 Camp Utmost Registration (part 1)

Be sure to also complete Part 2 on the other side.

A separate form must be used for each camper. You may also register online at [www.CampUtmost.org](http://www.CampUtmost.org)

**All written information must be legible so we can read it.  
If it's not legible we won't be able to confirm your registration**

Campers First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Grade entering in Fall: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birthdate with year : \_\_\_\_\_

Church camper attends: \_\_\_\_\_ Parent/Guardian email : \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

**Alternate emergency contacts in case listed Parent/Guardian is unavailable:**

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**Medical Information** (If no insurance, write none and complete all other portions of the form.)

Medical Insurance Co. \_\_\_\_\_ Policy # : \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Dr.'s Name and/or Clinic: \_\_\_\_\_

Medical or Food allergies: \_\_\_\_\_

List any medical, physical or activity restrictions we should be aware of: \_\_\_\_\_

Medication camper will be taking while at camp (must be given to camp nurse): \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

### **Parent/Guardian Authorization, Medical, Covid-19, Liability, Discipline Policy and Photo/Video Release (Must be signed for camper to attend Camp Utmost)**

As parent or legal guardian of the camper under the age of 18 being registered, or for myself being over the age of 18, I hereby grant permission for the above named camper to attend Camp Utmost and consent to its Discipline Policy. I also do hereby release Camp Utmost and Rocky Mountain Bible Mission (RMBM) from any and all liability or responsibility relating to any injury or sickness that he/she/I may incur as the result of, or arising in any way from, attending Camp Utmost, participation in activities at or under the direction of Camp Utmost. I am fully aware and consent to accept these risks and voluntarily agree to allow his/her/my participation in activities. If I cannot be consulted in an emergency, I hereby give permission to the medical personnel selected by a representative of Camp Utmost or RMBM to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the person named above. I understand that Camp Utmost only carries secondary insurance and that I will take primary responsibility for any fees or charges at any clinic, facility, or hospital arising from treatment of injury or illness. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by, Camp Utmost, social distancing among campers, staff and others in our camp setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of Camp Utmost and acknowledges participating campers may, despite Camp Utmost's reasonable efforts to mitigate such dangers, result in exposure to COVID-19 or other viruses which could result in serious illness. I furthermore understand Camp Utmost often takes photographs or videos of participants during its activities or events. I grant permission without compensation that these photographs and/or videos may be used in publications, presentations, websites and promotion of Camp Utmost and Rocky Mountain Bible Mission. Camp Utmost will not identify me or my child by name, nor release any other personal information without additional written permission from me.

**Signature** (of registrant or Parent/Guardian if a minor) \_\_\_\_\_

## 2020 Camp Utmost Registration (Part 2)

Be sure to also complete Part 1 on the other side.

Camper can not attend camp without a completed registration form and payment.

Campers First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Fees and Camp Week Selection

Camps are determined by grade camper will be in Fall 2020.

Check the week Camper will attend \* Fee increases \$10 if postmarked after early registration deadline.

<input type="checkbox"/> <b>High School coed, June 22-26 for grades 10th-12th or grad. 2020</b> \$135 early bird rate by June 12* \$145 regular rate after June 12*	<input type="checkbox"/> <b>6th &amp; 7th Grade Boys, July 6-10</b> \$135 early bird rate by June 26* \$145 regular rate after June 26*	<input type="checkbox"/> <b>4th &amp; 5th Grade Boys July 20-24</b> \$138 early bird rate by July 10* \$145 regular rate after July 10*
<input checked="" type="checkbox"/> <del>8th &amp; 9th Grade coed, June 29-July 3</del> 8th & 9th Grade Camp is filled and no longer accepting registrations.	<input type="checkbox"/> <b>6th &amp; 7th Grade Girls, July 13-17</b> \$135 early bird rate by July 3* \$145 regular rate after July 3*	<input type="checkbox"/> <b>4th &amp; 5th Grade Girls July 27-31</b> \$135 early bird rate by July 17* \$145 regular rate after July 17*

#### Optional Pre-Pay Camp Store Items:

- Store Deposit ----- \$ \_\_\_\_\_  
(for snacks, pop, and other items,  
\$15-20 is sufficient)
- T-shirt Short Sleeve (\$16) \$ \_\_\_\_\_  
(Circle Size) YS YM YL S M L XL XXL
- T-shirt Long Sleeve (\$25) \$ \_\_\_\_\_  
(Circle Size) adult sizes only S M L XL XXL
- Metal water bottle (\$10) \$ \_\_\_\_\_
- Plastic water bottle (\$5) \$ \_\_\_\_\_

**We're sorry but there will be no bus service this year due to precautions we must take with the Covid-19 situation.**

#### Payments Enclosed (From Above):

Camp Fee ----- \$ \_\_\_\_\_  
Total Store Items \$ \_\_\_\_\_  
Donation ----- \$ \_\_\_\_\_  
(to help another camper attend camp)  
**TOTAL ENCLOSED \$ \_\_\_\_\_**

**Make check or money order payable to: Camp Utmost**

Mail registration and release form with payment to:

**Camp Utmost Registration  
12901 Utmost Way  
Greenough, MT 59823**

#### Office use only:

Date Postmarked: \_\_\_\_\_

Date Received: \_\_\_\_\_

Paid by: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_ PayPal \_\_\_\_\_ CS \_\_\_\_\_

Notes: