



Camper Registration Form

12/17/25

Camper Name _____ M _____ or F _____ Grade expected fall 2026 _____ Birthdate _____

Mailing Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Parent/Guardian Employer and Street Address _____

Email Address _____

Church Name, if any _____ Pastor(s) Name _____

Name of Camp Attending (see below) _____ Dates of Camp _____

Camp Roommate Preference (name) _____

Person(s) designated to take child from camp other than Parent(s)/Guardian(s) listed above (name, address, phone number) _____

Person(s) **NOT** permitted to take child from camp _____

Will you be applying for a church or camp scholarship? Circle each that apply: Camp Church
If so, how much? _____

How would you like to pay the registration fee and/or balance? Online Check Cash

Emergency Contacts

In case of an emergency what is the best way to contact the Parent(s) /Guardian(s) while the child is at camp:

NON-PARENT EMERGENCY CONTACTS: List name and phone and address of 2 people NOT parents

Authorization to Participate or Exclude Participation in Camp Activities

I hereby give permission for my child to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in all camp activities with the following exceptions: _____

Food Allergies and / or Dietary Restrictions and / or Medical Allergies

Gluten ☐ Lactose ☐ Other ☐ (Please Explain) _____

Dietary Restrictions _____

Medical Allergies _____

Please enter the name, phone, and address of your child's healthcare provider:

Authorizations

- *Authorization for Sunscreen Application, Over the Counter Medications, & Media:* I authorize SJBC staff to assist my child in applying sunscreen or use of another form of parent/guardian approved sun protection to my child's exposed skin prior to going outside. I authorize the properly qualified health supervisor of SJBC to administer, to the above camper, the following over the counter pain medication if necessary: (please circle) Aspirin Non-Aspirin Ibuprofen None
- *Authorization for Emergency Medical Care:* I give my permission to San Juan Bible Camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment. By signing this, I give authorization for participation, sunscreen application, over the counter medications and emergency medical care.
- *Authorization for Media:* I also consent for San Juan Bible Camp and its employees to use photos/videos of this registered camper for marketing purposes only.
- *Camper Handbook Affirmation (found on website or hardcopy from office):* I confirm that I have received the policies and procedures of SJBC in the camper handbook, and by writing my name below in the parent/guardian blank, I agree to follow, accept the conditions of, and give authorization and approval for the activities described in the policies and procedures.

✕ *Parent(s)/Guardian(s) signature _____ Date _____

FULL PAYMENT DUE TWO WEEKS BEFORE CAMP BEGINS!

Amount Due (Total Price of Camp)	\$ _____
Less Early Discount (\$20 off if deposit or full payment received by May 1)	\$ _____
Amount Paid with Registration (\$25 deposit required to reserve your spot)	\$ _____
Amount Still Owed	\$ _____

Before a camper can attend camp, SJBC must receive these forms:

- Camper registration
- Camper medical physical (taken within 24 months of camp, can be scanned and attached below) Can be sent later if document is not available today.
- Updated camper immunization form (can be scanned and attached below) Can be sent later if document is not available today.
- Activity release form(s): Horse rides (for grades 2-12) and whitewater rafting (for grades 7-12)

Camper Health Statement

This form is required by Colorado law and must be filled out and signed by camper's physician in order to attend camp.

To be completed by a licensed physician or qualified, licensed nurse practitioner (must be within the last 24 months of camp dates)

Camper Name _____ Date of Birth _____

Physical exam done today: ☐ Yes ☐ No (If "No," date of last physical) _____

This child is planning to attend a residential or trip camp, away from his/her home and probably distant from medical care. The camp must have a health supervisor who, at minimum, has completed an advanced first aid course. Your response to these questions will help in the care of this person.

Past history of serious lacerations, injuries, illnesses or communicable diseases: _____

Allergies or Drug Reactions: _____

Medication now being used by child and/or special dietary requirements: _____

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows: _____

X Signature of PHYSICIAN or NURSE PRACTITIONER _____

Printed Name of PHYSICIAN or NURSE PRACTITIONER _____

Date _____ Address _____ Phone (____) _____

Care Plan

Providers, please be sure to attach copies of any Asthma or Allergy Care Plans and any Self-Carry Contracts for prescription medications.

Immunization Record

Please attach Colorado Certificate of Immunization that has the month and year for the following vaccines:

Diphtheria-Tetanus-Pertussis (DTP or Baby Shots), Tetanus-Diphtheria (TD), Polio, Measles (Hard, Red), Rubella (German Measles), Mumps. Your camper registration is not complete without these records.

Authorization for Administration of Medications

I hereby authorize the properly qualified health supervisor of San Juan Bible Camp to administer medication which has been prescribed to the camper attending the above-named camp. The prescribed medication shall be from a licensed pharmacy, labeled with the name, address, and phone number of the pharmacy, name of the camper, name and strength of this medication, directions for use, date filled, prescription number, and name of practitioner prescribing the medication.

X Signature of PHYSICIAN or NURSE PRACTITIONER _____ Date _____



Mail to: San Juan Bible Camp
14260 Rd 39.9
Mancos, CO 81328

Camp Information



What You Need to Bring:

Pillow - sleeping bag - modest clothing (no short shorts or clothing that shows midriff, cleavage, or any part of your undergarments) – modest swim wear (one piece for girls, trunks for guys) – pajamas or shirt and sweat pants – jacket – 2 pairs of shoes – bath towel and washcloth – toiletries – Bible – pen – flashlight – camera – insect repellent – sunscreen – money for snack shack account and missions offering

Please Do Not Bring:

cell phones – radios – ipods – mp3 players – personal gaming systems -- pets – firearms or fireworks

What You Need to Know:

Campers have the option of attending camp sessions for both the grade they just completed as well as the grade they will be entering. The Colorado Department of Human Services requires that all original paperwork (Camper Registration, Health Statement and Immunization Record) be completed and signed by a legal parent or guardian before a child can attend camp. Additional release forms, available at camper check-in, are required for some off-site activities.

If a camper has any food allergies or dietary restrictions it is your responsibility to contact the camp office prior to attending camp to make arrangements for substitutions.

Space is limited so register early! All registrations must be accompanied by a \$25.00 deposit to reserve a spot. A separate form must be completed for each camper. A camp t-shirt and picture cd are included in the price to attend camp. The deposit is non-refundable unless cancellation is due to family emergency. Refund decisions will be at the camp's discretion. Full payment is due two weeks prior to your arrival at camp. Save Money – take \$20.00 off your total bill by registering before May 1.

Trekker campers start camp at 10:00 a.m. on Wednesday and can be picked up Friday afternoon between 3:00 and 5:00 p.m. Wilderness Backpack Adventure check-in is 10:00 a.m. on the first day and pick-up is between 3:00 and 5:00 p.m. on the last day. A list of needed items for you to bring will be sent upon registration.

Camper check-in for all other resident camps is from 3:00 to 5:00 p.m. on the Sunday camp begins. Resident camps end on Friday and campers can be picked up between 3:00 to 5:00 p.m. Please do not pick up your camper(s) early without prior notification to the camp office.

Complete and return printed website forms with your deposit to: San Juan Bible Camp
14260 Rd 39.9
Mancos, CO 81328

Scholarships are available upon written request with registration. Please call the camp office at 970-533-7622 to learn more.

COLORADO OUTBACK ADVENTURES, LLC

SJBC Rafting Form (Trailblazer/Navigator only)

**ACKNOWLEDGEMENT OF RISKS
ACCEPTANCE OF RESPONSIBILITY RELEASE FORM**

I hereby recognize that there is a significant element of risk in any adventure sport activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my child is fully capable of participating in said activities.

I assume full responsibility for my child, for bodily injury, death, loss of personal property, and expense thereof.

In consideration of services to be received, the undersigned and his/her heirs and assigns, hereby: releases Colorado Outback Adventures, LLC and its employees from any liability for claims of lawsuits brought by the undersigned, his/her heirs, or assigns, arising out of the activities provided by Colorado Outback Adventures, LLC except to the extent that damages or injury can be shown due to negligence of Colorado Outback Adventures, LLC. We reserve the right to refuse any person Colorado Outback Adventures, LLC judges to be incapable of meeting the requirements of participating in river rafting activities.

In consideration of services to be received, I release all rights to pictures taken of my child during the duration of the river trip, which shall be used by Colorado Outback Adventures, LLC for promotional purposes.

PERMISSION TO PARTICIPATE:

I the undersigned, having read and understood the above, accept the terms and conditions stated herein and hereby give permission for my child to participate in the said activities:

Minors Name (print): _____

Adult (18 and older)

Parent/Guardian/Adult Name (print): _____

Parent/Guardian/Adult Signature (sign): _____

Date: _____

To be completed by office staff:

Trip Date: _____	Time: _____	River: Lower Animas
Lead Guide: _____	Guide 2: _____	Guide 3: _____
Guide 4: _____	Guide 5: _____	Guide 6: _____
Launch Site: _____	Take Out: _____	Trip Length: _____

RIMROCK OUTFITTERS

WAIVER OF RIGHT TO SUE; RELEASE OF ALL CLAIMS

1. I acknowledge that horseback riding involves risks that may cause serious injury and in some cases, death because of the unpredictable and irrational behavior of horses, regardless of their training and past performance.
2. I voluntarily assume the risks and danger of injury or death inherent in the use of the horse and equipment provided to me by RIMROCK OUTFITTERS.
3. I understand that "Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to: Section 13-21-120. COLORADO REVISED STATUTES."
4. I agree not to sue RIMROCK OUTFITTERS or any of its employees.
5. I agree to abide by any instructions given by RIMROCK OUTFITTERS with regard to my use of the horse or equipment provided.

**I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT IS A PROMISE
NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS:**

Signature and address of adult, or parent/guardian:

Name of minor child
Minimum age 6 yrs.

Signature_____

Printed Name_____

City_____ State_____

(one release per camper please)

Date_____

San Juan Bible Camp uses RIMROCK OUTFITTERS for the campers horse program. This is a one time voluntary activity during the week of camp. A signed release form is required before a camper can participate in this activity.