

How to Register: 1. Complete registration form. 2. A minimum of \$25 **non-refundable** deposit must accompany registration. 3. Mail early; space is limited 4. Financial aid available—Contact **the Registrar for more information.**

GRAND MESA CAMP 2011 REGISTRATION FORM

Send to **Registrar:** Vanessa Gross 1745 North 18th Street Grand Junction, CO 81501 vanessagross@fumcgj.org

Last Name: _____ First Name: _____ First name at camp: _____

Address: _____ City: _____ State _____ ZIP _____

First time camper to Grand Mesa: Yes ___ No ___ email: _____

Camp I will Attend _____ **Dates:** _____

My Church: _____ Church Address: _____

City: _____ State _____ ZIP _____ email: _____

T-Shirt Size: Youth: ___S ___M ___L Adult: ___S ___M ___L ___XL ___XXL

Birthdate: _____ Age: (as of 6/15/11): _____ Gender: F ___ M ___ 2011 completed grade: _____

Mother/Guardian: _____ Home Ph: () _____ Work Ph: () _____

Father/Guardian: _____ Home Ph: () _____ Work Ph: () _____

Emergency Contacts (if parents cannot be reached)

Name: _____ Relationship: _____ Home Ph: () _____ Work Ph: () _____

Name: _____ Relationship: _____ Home Ph: () _____ Work Ph: () _____

Names of family members and ages of children attending this event:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

PAYMENT INFO: Total Fee: \$ _____

Deposit enclosed: \$ _____ (at least \$25 deposit required with registration)

Balance Due: \$ _____

I give permission for photos, videos, interviews or statements by the participant named above to be used in Grand Mesa promotional materials. Yes ___ No ___

Signature (parent/guardian or adult participant) _____ Date: _____

Family Camp Medical Information

Name of Family _____ Date of Camp _____

Address _____

Person to be notified in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Please provide the following information for every family member that will be attending Family Camp.

Name _____ Birth Date _____ Age at Camp _____ Sex _____

Medical History _____

Medication allergies _____

Food allergies _____

Do you have any physical limitations? YES _____ NO _____

If "Yes", please identify _____

Special dietary needs or requests _____

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Medical History _____

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Special dietary needs or requests _____

Grand Mesa Camps Family Camp Covenant

Dear Campers,

The mountain top experience of summer camping should involve more than getting our bodies to a higher attitude. It should be a spiritual experience, involving growth in understanding, sensitivity to the needs and feelings of others, and some new awareness of what is genuinely of value.

The Camp Coordinating Committee for Grand Mesa Camps for the United Methodist Church propose is to increase the value of the camping experience for both camper and leader. We want all persons on site to live Christ-like attitudes in all things and to better know how Jesus lived his values. To attain this spiritual growth we will need the help of every Director, Counselor and Camper. So we would propose that all persons who plan to attend camp enter into a covenant that aims at this desired result. As part of your registration, please sign and date the suggested covenant to indicate your desire and willingness to be a part of a growth experience.

Covenant

I, _____ Promise and Covenant:

1. To be a Disciple of Jesus Christ, learning how to grow in wisdom and in stature, and in favor with people and God. (Luke 2:52)
2. To follow the leadership of the Camp Director, in seeking the best traditions that show the Christ-like life, and to abide by the guidelines of the Camp.
3. To not bring or use tobacco, liquor, non-prescribed medication or illegal drugs, or weapons.
4. To learn a stewardship of time and energy, and to care for the camp facilities so that others may enjoy the best use of the camp. (Matthew 5)

I understand that failure to abide by this Covenant will result in an end to my camping experience.

(Signature of Camper) (Date)

(Signature of Camper) (Date)

(Signature of Camper) (Date)

(Signature of Camper) (Date)

(Signature of Camper) (Date)

(Signature of Camper) (Date)

(Signature of Camper) (Date)

(Signature of Camper) (Date)

**Please return this form along with your
medical information form to the Family Camp
Director.**