

**EPIC
SUMMER**

COLORADO KIDS CAMP



JAMIE WALTON

JUNE 25-28

CAMP CEDAREGE





Dear Pastor and Children's Leader,

Kids Camp changes lives for eternity. During camp, kids have an immersive experience that gives them the opportunity for lasting spiritual impact.

This year **CO Kids Camp** is **June 25th - 28th, 2024** at Camp Cedaredge. We are excited for our guest speaker, **Jamie Walton**. She will impact you and the kids like never before. Camp reservations open **January 2, 2024**. Each church must send at least one leader with their kids to camp.

- Each church will need to reserve space for the camp they choose to attend. This reservation needs to be gender specific (**Number of guys/ number of girls, including leaders**). Each space is \$25 with that amount being applied to the total price of camp. All reserved spaces will be held until 20 days before the camp (June 5th) and then will be added into the general availability.
- To reserve your space, go to www.rmhc.org/kidscamp/ and select Camp Selection RSVP at the top of the page. If you need to pay for reserved space by church check, please contact cmd@rmhc.org for instructions. All payments by church check are due within 10 days of reservations.
- Camp Registrations will be accepted online only by using the "Group" link that will be sent to you **within 3 business days** after you reserve space. If you do not receive your unique "Group" link, please contact cmd@rmhc.org. You will also be sent a manager login so that you can monitor your unique "Group." Each church will make final payment upon arrival at camp. You may pay by credit card or church check. Credit card payments are subject to a 3% service fee.
- For a Tutorial on Camp Registration, please visit www.rmhc.org/kidscamp/

If you have questions, feel free to contact the Church Ministries Department at 719-522-0195 or cmd@rmhc.org for questions or concerns. We are looking forward to all that God has planned this summer!

In Your Corner,

Shawn Reine
Church Ministries Director

Linda Bottoms
Asst. Church Ministries Director

KIDS PASTOR AND LEADER INFORMATION AND INSTRUCTIONS

RMMN KIDS Camp registration is an online process. Please ensure that you complete all the steps listed below to complete your registration. Incomplete forms and delays in submitting the required documents could result in additional fees. If you have any questions, please contact Church Ministries at cmd@rmdc.org or 719-522-0195. We are here to help.

KIDS CAMP FEES

Student Fees - \$195

Leaders - \$100

Camp T-Shirt Included

RESERVATIONS

- To reserve your space, go to www.rmdc.org/kidscamp/ and select Camp Selection RSVP at the top of the page. If you need to pay for reserved space by church check, please contact cmd@rmdc.org for instructions. All payments by church check are due within 10 days of reservations.
- Each church will create a “Group” at the time of reservations. The Church Coordinator will receive two emails. The first email will include a link to share with those attending camp from your local church. This will allow them to register under your group name. The second email will contain a link for the Church Contact. This link will allow the Church Coordinator to manage their group.
- Unassigned reservations will be released 20 days before camp and placed back into general availability.

INDIVIDUAL REGISTRATIONS ONLINE

- Each attendee (students and leaders) will follow your group link (that was emailed to you) and register for camp. This link will not charge a fee so that **you** may collect all monies for camp. This allows you to charge what you need to charge to cover additional costs.

NEW THIS YEAR

- All Medical Information from each attendee will be collected digitally through our new Funfangle software. Once each parent/leader has completed the application process they will receive a confirmation email with a link to submit medical information. Everyone attending must submit their medical information. The link to do so is <https://rmmn.funfangle.camp>.

FINAL PAYMENT

- A cost sheet with the final amount due will be sent to you by our office after the drop date and will include fees for the students and leaders minus the Reservation amount paid. ***The Church Coordinator/Leader will bring to camp with them one Church Check or Credit Card to cover final costs for camp.*** Credit Cards incur a 3% fee.

WHAT TO BRING TO CAMP

- Form of Payment - Church Check or Credit Card

2024 RMMN CO Kids Camp Camper Registration

June 25th - 28th, 2024 Camp Cedaredge

Camper Registration: \$ _____

Local Church Deadline: _____

*Fees are Camp Fees and do not include local church fees

First: _____ Last: _____

DOB: ___/___/___ Sex at birth : M F Age: _____ Grade as of Fall 2024: _____

Shirt Size: YS YM YL AS AM AL AXL A2X A3X

Step #1: Please complete with Camper Information: (Please Print Clearly)

Church _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact Name _____ Phone: _____

Early Departure: Only those authorized can remove a camper from camp early. List designated person(s).

Is there anyone to whom we should **NOT** release your child to? Please list complete name(s):

Step #2: Medical Information: all medications, prescriptions, over-the-counter meds must be brought in their **original container** to the nurse with the medical form signed by the parent/guardian.

Medical information will be collected by following the link in the confirmation email. The link is <https://rmmn.funfangle.camp>.

Medical Consent: I, _____, grant permission for the RMMN Camp Nurse to give my child (name listed above) the medications listed above during their time at RMMN Kids Camp at Camp Cedaredge.

Signature: _____

Date: _____

Step #3 Parental & Camper Consent

I hereby grant permission for my child, named above to attend the Rocky Mountain Kids Camp at Camp Cedaredge. I further release my child into the custody of the adults from our church who are attending camp, as well as leaders from across the district. Furthermore, I grant permission to the nurse selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child. It is understood that the Camp leadership will make a conscientious effort to locate me or the emergency contact listed on this form. I will fully pay for all medical expenses, not covered by the child's insurance or the camp insurance.

I also understand that participants at Camp Cedaredge are liable for damages caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that kids camp is a voluntary activity. Campers must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, that is not always possible.

- I give permission for my student's photo to be used for promotional material and social media. _____ (Initial)
- I understand registration is non-refundable but transferable to another student to attend the camp instead. _____ (initial)

I have reviewed the camp information sheet and gone over the camp and dress code policies with my child.

Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

Parent Signature _____ Date: _____

Camper Signature _____ Date: _____

2024 RMMN CO Kids Camp Leader Application

June 25th - 28th, 2023 Camp Cedaredge

Camp Staff fee is \$ _____
Local Church Deadline _____

**Church Staffing Policy: Every church must bring one leader per dorm room, per gender
Dorm rooms sleep ten. Unfortunately, kids without leaders will not be permitted.**

First: _____ Last: _____

DOB: ____/____/____ Sex at birth: M F Age: _____

Phone: _____ Email: _____

Church: _____ Church City: _____

Contact Information: (Please Print Clearly)

Shirt Size: AS AM AL AXL A2XL A3XL

• Have you asked Jesus to be your Savior? Yes No Not Sure

• Have you been filled with the Spirit? Yes No Not Sure

Have you ever been Camp Staff previously? Yes No Years: _____

Where? _____

Duties: _____

Medical Information

Physician: _____ Phone: _____

Insurance Co.: _____ Policy #: _____

Do you have allergies? Yes No

If yes, please explain: _____

Are you up to date with your Tetanus Toxoid Immunization: Yes No

Is there any activity in which you do not wish to participate? _____

Within the last year, have you had problems with nervous breakdowns, extreme depression, extreme anxiety, or destructive temper? Yes No

If yes, please explain: _____

Please list any additional medical/health/dietary/special needs you may have arise during your time at Camp:

Current Medications you are taking: (Please remember that medications HAVE to come to camp in their ORIGINAL CONTAINER. (This includes: over the counter medications, inhalers, and vitamins. These cannot stay in the rooms with Campers. PLEASE TURN INTO THE NURSE UPON ARRIVAL !

Medication Name	Dosage	Reason for Prescription	Time of Day Taken/Special Instructions

Do you have (Circle all that apply):

Heart Trouble Ear Trouble Asthma Hernia Pregnancy Seizures
Other: _____

In case of Emergency, please contact: _____

Emergency Contact Phone: _____ Relationship: _____

Have you ever been convicted of a felony or any other crime, other than traffic violations? Yes No
If yes, please explain: _____

Have you ever been convicted of a drug related charge or had charges reduced in a plea? Yes No
If yes, please explain: _____

Have you ever physically, sexually, or emotionally abused a child? Yes No
If yes, please explain: _____

Have you ever been dismissed from employment or a volunteer position in a child supervisory capacity? Yes No
If yes, please explain: _____

Has your local church run a background check on you and are they able to provide said background check results? Yes No

I affirm that the information submitted in this form is true and accurate to the best of my knowledge. I understand that I am required to have a current background check on file with my local church PRIOR to arrival at the campground.

If accepted to serve at Kids Camp, I pledge myself to a week of cooperative ministry with the camp directors and will maintain a personal discipline and spirit that exemplifies Christ at all times. I also grant my permission to the Rocky Mountain Ministry Network to use photography (individual or group) and/or multimedia images and recording in the best interest of the RMMN. I authorize the nurse or Camp Director to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be contacted. I also understand that I will be held responsible for any medical expenses incurred.

Camp Staff Signature _____

Date: _____

Parent/Guardian Signature (if under 18) _____

Date: _____

Pastoral Reference
A full time Pastor MUST complete and sign this portion
May also complete at JOT FORM

Applicant's Name _____

Please read this paragraph of instructions carefully. The above named person has applied for a staff position at RMMN Kid's Camp this coming summer. We would appreciate your CONFIDENTIAL comments on this applicant.

Since it is impossible for us to become personally acquainted with all the applicants, we must rely heavily on your recommendation. Please complete this evaluation and return it to us, as soon as possible. The candidates application cannot be processed without this reference form. Thank you for your assistance.

Please return this form to cmd@rmdc.org or mail to:

Kids Camp
Rocky Mountain Ministry Network
6296 Lehman Dr. Suite 202
Colorado Springs, CO 80918

Do you believe the applicant to be a well-grounded Christian? Yes No

Does the applicant attend your church? Yes No How Long? _____

Describe the applicants involvement in local ministry?

Have you completed a criminal background search on this applicant? Yes No Date: _____

According to the applicants background check and your personal knowledge, has the applicant been charged with or convicted of a felony? Yes No

What leadership qualities has he/she exemplified? _____

The applicant will be in direct contact with children. To the best of your knowledge, is there anything in the applicants past or character that would cause you to question their ability to be used in this capacity?

Yes No

Does he/she have any emotional, mental, or physical handicaps? _____

Would you recommend him/her to work with children, without reservation? Yes No

	Excellent	Good	Fair	Poor
Spiritual Depth or Maturity				
Dedication to Christ				
Christian Standards				
Ability to get along with others				
Follow through on instructions				
Cooperation				
Teachability				
General Attitude				
Disposition				
Health				
General Appearance				
Faithfulness				

Any additional comments or explanations from above: _____

Pastor's Signature: _____

Date: _____

Pastor's Name Printed: _____

Church: _____

Email: _____

Phone: _____

This is an endorsement from your church. Your application will not be accepted without your Pastor, Youth Pastor, or Kids Pastor's Signature.