

**Montana Rodeo Bible Camp Registration 2011**

FELLOWSHIP OF CHRISTIAN COWBOYS, INC.  
4442 Penwell Bridge Road Belgrade. MT 59714  
406-388-4807 FAX 406-587-5152

**RODEO BIBLE CAMP**

Name \_\_\_\_\_  
First Middle Initial Last

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency contact (relative or friend) \_\_\_\_\_

Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
Month Day Year

Have you participated in a rodeo before as a contestant? \_\_\_\_\_

If yes, years \_\_\_\_\_.

If no, will this be your first time in rough stock or timed events? \_\_\_\_\_

Have you ever been to a rodeo camp before? \_\_\_\_\_

Do you have or have you had any injuries in the last 6 months? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you taking any medication prescribed by a physician? \_\_\_\_\_

Yes please explain \_\_\_\_\_

Camp is limited to instruction in one (1) event. Events are limited to ten (10) students.

**EVENT DECLARATION** (Place a "1" by your first choice, a "2" by your second choice, and a "3" by your third choice.\*

- Heading \_\_\_\_\_
- Pole Bending \_\_\_\_\_
- Barrel Racing \_\_\_\_\_
- Heeling \_\_\_\_\_
- Goat Tying \_\_\_\_\_
- Steer/Bull riding \_\_\_\_\_
- Breakaway Roping \_\_\_\_\_
- Clowning \_\_\_\_\_

\*Participants will only be able in compete for a buckle in one declared event

ALL PARTICIPANTS MUST SHOW PROOF OF INSURANCE AT TIME OF CHECK-IN

**RODEO BIBLE CAMP HEALTH FORM (ONE CAMPER PER FORM)**

Note to Parents: Every precaution will be taken to ensure that your child's stay with us is a fun and safe experience. Occasionally, people do get hurt. We strongly advise that you have INDIVIDUAL HEALTH INSURANCE to protect your child!

In case of sickness or accident, fill out the following Health Form completely and accurately, as a precaution, for our nurse. Send us a copy of your health insurance card.

Camper's Name: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Additional Phone #s - in case you can't be reached:  
1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Your Doctor's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_

Name of your Hospitalization / Insurance Company: \_\_\_\_\_  
Group or Policy #: \_\_\_\_\_

**MEDICAL INFORMATION OF CAMPER** Please list any medications that your child will bring to camp:  
(Include non-prescription intents such as aspirin, vitamins. etc., as well as prescription Medications)

Reasons for taking: \_\_\_\_\_

Does your child have seizures: YES / NO  
Most recent occurrence: \_\_\_\_\_

Has your child ever been knocked unconscious or passed out? YES / NO  
If Yes, when and how? \_\_\_\_\_

The date your child last saw a physician: \_\_\_\_\_

Reason for the visit: \_\_\_\_\_

Year of last Tetanus shot: \_\_\_\_\_

Circle any Allergies: Hay Fever Poison Ivy Insect sting Penicillin Asthma Other

Does your child have a history of:  
Heart Problems YES / NO  
Diabetes YES / NO

List any other helpful medical information that will assist in the management of your child

\_\_\_\_\_  
\_\_\_\_\_

This health form release must be signed by parent or legal guardian and sent with camp registration.

This health history is correct as far as I know. In case I cannot be reached, I hereby give permission to medical personnel with proper credentials to give emergency treatment to:

Camper's Name: \_\_\_\_\_

Soc: \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_