

## Rocky Mountain High 2026 Registration Form

Group Name	
Passcode to join the group	
Attendee Type	
<b>Personal Information</b>	
First Name	
Last Name	
Preferred name (on the event pass)	
Address	
Email	
Phone	
Birth Date	
Grade	
Gender	
<b>Medical Information</b>	
Select any medical alerts: (choose all that apply)	Gluten free
	Dairy free
	Prescription medication
	Allergy
	Other
Explain:	
Medical Insurance info:	
Name of Insurance Company	
Health Insurance Group Number	
Health Insurance Policy Number	
Phone of Health Insurance Company	
Name of Policy Holder	
Policy Holder's Phone Number	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Phone Number	

Afternoon Recreation	
<p><b>IMPORTANT NOTE:</b></p> <p>Recreation options will be assigned on a first come, first serve basis. Each recreation activity has a limited number of spots per day; if an activity fills up, it will no longer be an option in registration. You are only allowed 1 Recreation Plus option.</p> <p>Recreation Plus options have an additional cost. You may choose a Recreation Plus activity for one of your three afternoons at Rocky. If you want to participate in an activity with your friends, be sure to choose the same activity on the same day (same company for river rafting).</p> <p>You will know your assignments as soon as you complete registration and payment!</p>	
<p>Sunday: (choose one)</p>	<p>On-Campus - YMCA Camp  Downtown Estes Park - Shopping &amp; Sightseeing  Poverty Simulation  Archery  Bus Tour: Alluvial Fan &amp; Bear Lake  Bus Tour: Trail Ridge  Climbing Wall  Golfing  Horseback Riding (1hr)  Horseback Riding (2hrs)  Rock Climbing &amp; Rappelling  River Rafting (Company A)  River Rafting (Company B)  River Rafting (Company C)  Wildside Jeep Tour</p>
<p>Monday: (choose one)</p>	<p>On-Campus - YMCA Camp  Downtown Estes Park - Shopping &amp; Sightseeing  Poverty Simulation  Archery  Bus Tour: Alluvial Fan &amp; Bear Lake  Bus Tour: Trail Ridge  Climbing Wall  Golfing  Hallett Peak Hike  Horseback Riding (1hr)  Horseback Riding (2hrs)  Rock Climbing &amp; Rappelling  River Rafting (Company A)  River Rafting (Company B)  River Rafting (Company C)  Wildside Jeep Tour</p>
<p>Tuesday: (choose one)</p>	<p>On-Campus - YMCA Camp  Downtown Estes Park - Shopping &amp; Sightseeing  Poverty Simulation  Archery  Bus Tour: Alluvial Fan &amp; Bear Lake  Bus Tour: Trail Ridge  Climbing Wall  Golfing  Hallett Peak Hike  Horseback Riding (1hr)  Horseback Riding (2hrs)  Rock Climbing &amp; Rappelling  River Rafting (Company A)  River Rafting (Company B)  River Rafting (Company C)  Wildside Jeep Tour</p>

## Student Leadership Experience

The Student Leadership Experience will challenge and inspire you to develop your own leadership skills and help you identify strengths and opportunities for growth and how to apply them in everyday life. Most of all, you get to wrestle with real-life, real-time issues by collaborating with peers and mentors who want to walk beside you as you become a leader worth following.

Led by Stuart Hall, Director of INFLUNSR, an organization committed to fueling the next generation of leaders worth following, The Student Leadership Experience is designed for students and adult leaders to collaborate and learn together.

Sign me up! Yes / No

## Participant Agreement

RMH Guidelines

All adult and student participants must read through and agree to abide by the following guidelines during Rocky Mountain High.

I understand that the RMH Leadership reserves the right to send me home if I am found using alcohol, tobacco, or drugs during the event.

I understand that if I am under the age of 18, I will not smoke nor encourage or aggravate anyone else to smoke. (Colorado Law prohibits smoking under the age of 18)

I understand that I will be given an event pass and am expected to wear it at all times as a form of identification for the event.

I understand that once I arrive at the YMCA Camp, I am not allowed to leave the grounds unless taking part in an organized recreation activity. As an adult leader, I understand if I need to leave the grounds for personal or recreational activity, I will check-out at the Rocky Information Booth before I do so.

I understand that males and females will be housed in separate rooms, and I am not allowed in the rooms of the opposite gender, except for organized youth group time with adult leaders present.

Participant Signature

Date

## Waiver Form

Guardian Agreement

I hereby certify that the information on the entire form is correct and I hereby give my permission for the use of photographs and videos including my child/ward for event publicity and placement on the RMH webpage;

for my son/daughter to be transported in privately owned vehicles to and from all out-of-camp activities; for my son/daughter to participate in all approved out-of-camp activities and recreation; and for the release of medical records in case of illness or injury.

In case of medical emergency, I understand that every effort will be made to contact myself, the parent/guardian listed above. In the event that I cannot be reached, I hereby give my permission to the physician or medical staff selected by the RMH Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my son/daughter as named herein.

I understand that if my son/daughter is involved in the use of alcohol, drugs, or some other gross infraction of the stated Guidelines or is grossly insubordinate to RMH authorities, he/she may be sent home at my own expense.

Guardian Signature

Date

[or]

Adult Agreement

In signing this registration form:

I hereby certify that the information on the entire form is correct and I hereby give my permission for the use of photographs and videos including myself for event publicity and placement on the RMH webpage.

For myself to be transported in privately owned vehicles to and from all out-of-camp activities; for myself to participate in all approved out-of-camp activities and recreation; and for the release of medical records in case of illness or injury.

In case of medical emergency, I understand that every effort will be made to contact the emergency contact person listed above. In the event that this person cannot be reached, I hereby give my permission to the physician or medical staff selected by the RMH Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for myself as named herein.

I understand that if I am involved in the use of alcohol, drugs, or some other gross infraction of the stated Guidelines or am grossly insubordinate to RMH authorities, I may be sent home at my expense.

Adult Signature

Date