



# CAMP GOOD NEWS

*This form must be complete in its entirety as pertaining to your child. Please PRINT all information*



## SUMMER CAMP REGISTRATION 2018

Wilderness Camp & Other Retreats  
register online [www.iheartcamp.org](http://www.iheartcamp.org)

### Camper Information

Camper's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age during camp: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Boy  Girl

Parent E-mail: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Shirt Size:  Yth Sm  Yth Med  Yth Lrg  Small  Medium  Large  XL  XXL

My Camper's choice for ONE cabin buddy is: \_\_\_\_\_ Cabin Buddy's Age: \_\_\_\_\_  
*(We try to accommodate requests for your camper to have ONE friend in the same cabin as long as there is room.)*

Attach a photo here

### Family Information

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Address: _____	Address: _____
Home Ph: _____	Home Ph: _____
Work Ph: _____	Work Ph: _____
Cell Ph: _____	Cell Ph: _____

Who has legal custody?  Both  Father  Mother  Other: \_\_\_\_\_

Has a parent who is(or was) incarcerated?  Yes  No

#### **If not available in case of Emergency, notify:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

#### **Who, besides the parents, guardians, or emergency contacts, MAY have permission to pick up your camper?**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

FOR OFFICE USE ONLY

**Kid Quest**  
*Ages 7-10*  
 Cost: \$285  
 June 17-22

**Camp Three 8 Teens**  
*Ages 13-15*  
 Cost: \$320  
 June 24-29

**Outdoor Adventure**  
*Ages 7-10*  
 Cost: \$285  
 July 8-13

**Camp Xtreme**  
*Ages 11-12*  
 Cost: \$300  
 July 15-20

Camper Fee	
Minus Scholarships	-
Minus Amount Enclosed <small>A non-refundable registration fee of \$75 a week must accompany the registration for it to be complete</small>	-
Equals Remainder due at Registration	=

*Spots will only be held once the form is completed and the deposit is received*

# SUMMER CAMP REGISTRATION (page 2)



## Health Information

Medical Conditions to be aware of (Allergies, Special Diet, Disabilities, etc):

\_\_\_\_\_

\_\_\_\_\_

Medications:

Medicine	Dose	Frequency	Medicine	Dose	Frequency

Does your camper have **any** condition that would limit participation in all camp activities?    No    Yes

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

My child can have over the counter medications:    No    Yes

Are Immunizations up to date?    No    Yes   If no, explain: \_\_\_\_\_

Last Tetanus Booster?   Mo/Yr   \_\_\_\_\_ / \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Birth date of Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

Full Name of Policy Holder: \_\_\_\_\_

If you have one, please include your SNAP or TANF#: \_\_\_\_\_

**Please include copy of FRONT and BACK of health insurance card with application**

## Consent/Release Form

I, the undersigned parent/guardian hereby consent to my child, \_\_\_\_\_ who is, \_\_\_\_\_ years of age, participating in activities connected with CAMP GOOD NEWS® in Washington, IL, an activity sponsored by Child Evangelism Fellowship®. I certify that my child is able to participate in these activities including sports, hiking, ropes course, Zipline, and swimming, etc. (unless otherwise indicated). If there are any activities I do not want my child to be involved in I have listed them. I UNDERSTAND AND HERBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them. In the event that an emergency occurs, I may be reached at the telephone number(s) listed. If I cannot be reached within a reasonable period of time, I hereby authorize the Camp Good News staff to make emergency medical decisions for my child.

I consent to the use of my child's portrait or picture for purposes of trade, publicity, and or information by CAMP GOOD NEWS®, CHILD EVANGELISM FELLOWSHIP® and Christian Camp and Conference Association.

I do hereby agree to hold CAMP GOOD NEWS® and its agents and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account if injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity to participation in any other associated activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the State of Illinois law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release and contractual and not a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_