



CAMP GOOD NEWS

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



WILDERNESS DISCIPLESHIP CAMP REGISTRATION 2018

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: _____

Boys Week
Ages 11-13
 July 8-13

Girls Week
Ages 11-13
 July 1-6

Wilderness Discipleship Camp is for Campers interested in strengthening & deepening their relationship with their Savior Jesus Christ. Therefore, we would like your camper to answer the follow questions on a separate sheet of paper and return with registration.

1. Give a brief account of how you accepted the Lord as your personal Savior.
2. Describe any other Spiritual Commitments or Decisions you have made since Salvation.

FOR OFFICE USE ONLY

Camper Fee (\$285 per week)	
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

WDC 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: _____