

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

CAMPER	REGISTRATIO	N & HEALTH	FORM	2015		
Camper Information Camper's Name:						
Address:		First	MI			
City:				Attach a photo here		
Age during camp:	Birth Date:/	Boy	□Girl			
Parent E-mail:						
Church Attending:						
Shirt Size:   Yth Sm  Yth Med	□Yth Lrg □Small □Med	ium 🗖 Large 🗖 XL 🗖 🗀	XXL			
My Camper's choice for ONE (We try to acce	cabin buddy is:		_ Cabin Bud	dy's Age:		
Family Information	ommodate requests for your camper to ha	we <u>ONE</u> friend in the same cabin a	s long as there is ro	om.		
Father/G	Mother/Guardian					
Name:	Name:					
Address:	Address:					
Home Ph:	Home Ph:					
Work Ph:	Work Ph:					
Cell Ph:	Cell Ph:					
Who has legal custody? □Botl	h □Father □Mother □(	Other:				
Who has legal custody? □Both □Father □Mother □Other:						
Name:	Relationship to Camper:					
Home Ph:	Cell Ph:					
Who, besides the parents, guard	dians, or emergency contacts, N	MAY have permission to p	ick up your ca			
Name:	Relationship to Camper:  FOR OFFICE USE ONLY					
☐ <u>Kid Quest</u> Ages 7-10 June 21-26	Outdoor Adventure Ages 7-10 July 5-10	Camper Fee (\$285)	per week)			
Ages 11-13 July 19-24	☐ <u>High Adventure</u> Ages 11-13 Aug 2-7	Minus Scholars	ships	-		
Wilderness Boys 1 Ages 11-13 June 21-26	Wilderness Boys 2 Ages 11-13 July 19-24	Minus Amount End A non-refundable registration for a accompany the registration for the second secon	of \$75 a week must	-		
Wilderness Girls Ages 11-13 July 12-17	Good News Week Ages 7-11 July 12-17	Equals Remainder due a	t Registration	=		
Legacy Changers 1 Ages 7-11 June 28-July 3	Legacy Changers 2 Ages 7-11 July 28-31	Spots will only be held once the form is completed and the deposit is received				

## REGISTRATION & HEALTH FORM 2015 (page 2)



<b>Health Informa</b>	<u>ttion</u>						
Medical Conditions	to be aware of (Alle	ergies, Special Diet, D	isabilities, etc):				
Medications:							
Medicine	Dose	Frequency	Medicine	Dose	Frequency		
Does your camper l	nave <u>any</u> condition t	hat would limit partici	pation in all camp act	tivities? <b>\(\sigma\)</b> No	⊒Yes		
If yes, please explain	n:						
My child can have of	over the counter me	edications: $\square N_0  \square$	Yes				
Are Immunizations	up to date? □No	☐Yes If no, expla	in:				
Last Tetanus Booste	er? Mo/Yr						
Family Doctor:	ly Doctor: Phone:						
	y Insurance Company: Birth date of Policy Holder:						
	icy #: ID #:						
Full Name of Policy	y Holder:						
Plea	ase include copy of	FRONT and BACK	of health insurance	e card with applic	ation		
Consent/Releas							
years of age, participa Evangelism Fellowsh Zipline, and swimmin listed them. I UNDER ON SAID ACTIVITI If my child has me event that an emergentiod of time, I hereby I consent to the us NEWS®, CHILD EV I do hereby agree causes of action, clair now have or which m pressly agree that this Illinois law and that it force and effect. This and not a mere recital	ating in activities con ip <sup>®</sup> . I certify that my ng, etc. (unless otherw RSTAND AND HER ES, INCLUDING AGE actical conditions, who acy occurs, I may be authorize the Camp Go of my child's portra ANGELISM FELLO to hold CAMP GOO ms, expenses, and dar ay arise in the future or release, waiver, and f any portion thereof release contains the Go. I further state that I	by consent to my child, nected with CAMP GOO child is able to participally is endicated). If there BY AGREE TO ASSUNCTIVITIES PRELIMIN ich may be relevant to a reached at the telephone Good News staff to make ait or picture for purpose WSHIP® and Christian D NEWS® and its agent mages on account if injuring connection with the a indemnity agreement is is held invalid, it is agreentire agreement betwee HAVE CAREFULLY FELEASE AS MY OWN	DD NEWS® in Washin the in these activities in the are any activities I do row ME ALL OF THE RISI ARY AND SUBSEQUE physician in the event number(s) listed. If I continue to the emergency medical does of trade, publicity, at Camp and Conference and employees, harm many to my child or properctivity to participation intended to be broad at each that the balance shall in the parties hereto, and READ THE FOREGOI	gton, IL, an activity cluding sports, hikin not want my child to KS WHICH MAY BENT THERETO. of an emergency, I hannot be reached wit ecisions for my child or information by Association. less from any and all rty, even injury resu in any other associated inclusive as permill, notwithstanding, of the terms of this re NG RELEASE ANI	g, ropes course, be involved in I have E ENCOUNTERED have listed them. In the thin a reasonable pedl. CAMP GOOD I liability, actions, liting in death, which I have activities. I exitted by the State of continue in full legal lease and contractual D KNOW THE CON-		
Parent/Guardian's S	Signature			Date:			