

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

REGISTRATION & HEALTH FORM 2015 (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: _____

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: _____