

828-628-7954

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<https://www.facebook.com/CampGoodNewsNC>

SUMMER CAMP REGISTRATION 2017

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.)

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: _____

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: _____ Ph: _____ Relationship to Camper: _____

Camp Weeks *(Choose Week(s) below)*

Boys
Ages 13-16
July 2-7

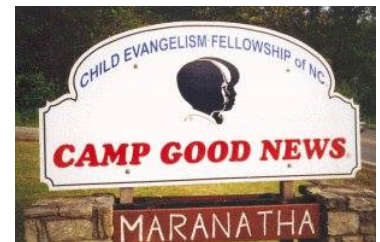
Boys
Ages 10-12
July 9-14

Boys
Ages 7-9
July 16-21

Girls
Ages 13-16
July 23-28

Girls
Ages 10-12
July 30-August 4

Girls
Ages 7-9
August 6-11



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: _____

Is Tetanus Booster up to date? No Yes

Family Doctor: _____ Phone: _____

Primary Insurance Company: _____ Birth date of Policy Holder: _____

Policy #: _____ ID #: _____

Medicaid: Recipient ID Number: _____ Example: 123-12-1234-A DO NOT attach card, just write in the number.

Full Name of Policy Holder: _____

Consent/Release Form

I, the undersigned, am the legal parent/guardian of the above named child. I authorize Dennis or Marcia Bailey, or an assigned adult representative of Camp Good News® (CGN) to take my child to the nearest hospital for treatment if I cannot be reached in case of an emergency. I further authorize the hospital or a licensed Medical Practitioner to administer treatment. It is understood that I will be contacted by telephone if at all possible prior to treatment. I grant permission for my child to go on all outings Camp Good News® may take during the camp week. I agree to hold Camp Good News® blameless of any liability from injury sustained or loss of personal property while at camp or on outings. I grant Camp Good News® permission to use my child's image in CGN promotional materials (video, photo, print, etc.).

PLEASE NOTE: All girls' bathing suits must be one-piece. No exceptions. Please label all of your camper's clothing, their Bible, and other belongings.

I understand that if my child continually violates the rules of the camp, he/she may be required to leave as soon as I can be contacted.

Parent/Guardian's Signature _____ Date: _____