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www.CampGoodNewsNC.org



PO Box 1872

Fairview, NC 28730

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

2026

SUMMER CAMP REGISTRATION

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 space)

Family Information

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Address (If different from camper): _____	Address (If different from Camper): _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____

Who has legal custody? Both Father Mother Other: _____

If not available in case of Emergency, notify:

Name: _____ Relationship to Camper: _____

Home Ph: _____ Cell Ph: _____

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

Relationship to Camper: _____

Name: _____ Ph: _____

Camp Weeks (Choose Week below)

Day Camp is for boys and girls ages 7-10. They may sign up for both day and the full week of camp

Day Camp
June 15-19 _____

Boys 13-16
June 28-July 3 _____

Boys 10-12
July 5-10 _____

Boys 7-9
July 12-17 _____

Girls 13-16
July 19-24 _____

Girls 10-12
July 26-31 _____

Girls 7-9
August 2-7 _____

IMPORTANT – READ CAREFULLY BEFORE SIGNING

Childs Name: _____

Medical and Liability Release:

I the undersigned have legal custody of the child named above, a minor, and have given our consent to him/her to attend Camp Good News ,110 Maranatha Rd, Fairview, NC 28730.

I acknowledge that all pertinent information concerning any medical or emotional challenges have been made known that could possibly affect my child's involvement at Camp Good News.

I understand that there are inherent risks involved in any ministry, or recreational/athletic event, and I hereby release Camp Good News, its employees, or its volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

In the event that my child is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by CGN, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my knowledge, still be in force for the child named on this form.

I acknowledge and understand that my child will be held responsible for his/her failure to abide by the rules and regulations of Camp Good News. I agree to bring my child home at my own expense should they become ill or if deemed necessary by the leadership at Camp Good News.

I give permission to use photos of my child for Camp Good News publicity.

Signed: _____

Print Name: _____

Date: _____

Please label all of your camper's clothing, their Bible and other belongings.



Child Evangelism Fellowship of North Carolina, Inc.

Medical and Liability Release Form

Name:			
Age:	Date of Birth:	Home Phone:	Alt. Phone:
Parents:			
Emergency Contact:			Phone:
Medical Insurance Company:	Address:	Policy No.	
Policy Holder's Name:	Address:		
Date of last tetanus shot:			
List any food allergies:			
List any medication allergies		List any other allergies	
List any prescription drugs used and their purpose:			
<p>** All prescription medication must be labeled with Child's name, dosage and when to take it. Give ALL medication to nurse at check in. ** Camper is allowed to keep inhalers with them with parent's permission.</p>			
Campers Doctor:		Phone:	
List any physical limitations:		Does your child have trouble with enuresis (bed wetting)? Please circle: <div style="text-align: center;"> Yes No </div> <p><small>If so, camper will be reserved a bottom bunk with mattress cover. Please pack 2 sets of sheets for your child instead of a sleeping bag so that sheets can be changed and washed. This information will never be disclosed to fellow campers, and will be handled discreetly.</small></p>	
List any special dietary needs		Should your child's activities be restricted for any reason? If so, please explain:	

Can your child take these over the counter medications if needed? (check all that apply)

**** We use generic medication when possible**

<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	Advil	<input type="checkbox"/>	Tums	<input type="checkbox"/>	Benadryl	<input type="checkbox"/>	Antibiotic Ointment	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	Insect Repellant	<input type="checkbox"/>	Calamine lotion (for itching)	<input type="checkbox"/>	Dramamine	<input type="checkbox"/>	Pediatric Pepto Bismol	<input type="checkbox"/>	Hydrocortisone Cream (for itching)	<input type="checkbox"/>	

Parent/Guardian Signature: _____

Date: _____

Print Parent/Guardian Name: _____

Camp Good News – Donations

Camp Good News is a Faith Based Ministry and we trust God to provide for all of our needs. For years God has used the camp to minister to children and teens through dedicated staff and volunteers. We are so grateful for those of you who already support the camp! The full weekly cost for each camper is \$350.00.

If you are able to, please consider joining others that already donate to the operation of the Camp! Every donation helps us to continue serving the Lord in this ministry.

Please check below:

- ☐ I can donate \$50
- ☐ I can donate \$100
- ☐ I can donate \$175
- ☐ I can donate \$350
- ☐ I can donate \$_____
- ☐ I would like to become a monthly donor at \$_____ a month

You may make your donation to Camp Good News by check, cash, or online. You may send your donation along with this registration form or bring it with you to Camp when you bring your camper to camp. If you decide to donate online, you can find the link at campgoodnewsnc.org/donations and clicking on donate or by scanning the QR code below. Please choose the camper scholarship option. If you are donating by check please make it out to CEF – Camp Good News and include your campers name in the memo line. Thank you so much for partnering with us in this ministry and for allowing your children to come to camp! Camp Good News is a 501c3 non-profit organization and donations are tax deductible. All donations are non-refundable and will be used towards the advancement and betterment of the ministry.

- ☐ I am including my donation with this registration
- ☐ I will be bringing my donation to camp when I drop off my camper
- ☐ I will be donating online

