

# 2012 SUMMER YOUTH CAMP REGISTRATION

One camper per form; download additional forms at [www.campgilead.org](http://www.campgilead.org)

**YOUTH CAMPER INFORMATION - 2012**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (Apt. #) \_\_\_\_\_  
 Mailing Address or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Church \_\_\_\_\_  
 Parent's or Guardian's First and Last Name \_\_\_\_\_  
 Parent Work Phone \_\_\_\_\_ Parent Cell Phone/Pager \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_  
 Contact Phone \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade Fall 2012 \_\_\_\_\_ First Time Camper – Yes / No (circle one)  
 If yes, invited by: (must be returning camper) \_\_\_\_\_  
 How did you hear about Camp Gilead? \_\_\_\_\_  
 Roommate Request (one only please) \_\_\_\_\_  
 T-shirt size (circle one): \_\_\_\_\_  
 Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult 2X

**2012 CAMP DATES - Please check your week of camp (grade in the Fall 2012)**

CAMP	DATES	GRADES	COST
✓ Day Camp #1	July 9 - 13	K-3	\$260
Day Camp #2	July 16 - 20	K-3	\$260
Day Camp #3	July 23 - 27	K-3	\$260
Day Camp #4	August 6 - 10	K-3	\$260
Day Camp #5	August 13 - 17	K-3	\$260
Resident Junior Camp #1	July 16 - 21	3-5	\$290
Resident Junior Camp #2	July 23 - 28	4-6	\$290
Resident Junior Camp #3	August 13 - 18	5-7	\$290
Resident Teen Camp #1	July 9 - 14	6-8	\$300
Resident Teen Camp #2	July 30 - August 4	8-12	\$300
Resident Teen Camp #3	August 6 - 11	7-9	\$300
Skate Camp	August 20 - 22	Boys, 5 - 9	\$150

**PAYMENT OPTIONS**

**CREDIT CARD INFORMATION** (Not on file from previous use)

Master Card  VISA  (Not on file from previous use)

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

**BILLING ADDRESS** (if different than above)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Signature X \_\_\_\_\_

Amount	Notes
\$	\$100 minimum deposit required (nonrefundable, nontransferable and included in cost)
\$	<b>Paid in full by March 1<sup>st</sup></b> Subtract \$20 from cost
\$	<b>Paid in full by May 1<sup>st</sup></b> Subtract \$10 from cost
\$	<b>Deposit to Pop's Inn</b> Spending money
\$	<b>Donation</b> to the Memorial Scholarship Fund at Camp Gilead
<b>\$</b>	<b>TOTAL PAYMENT</b>

**MEDICAL HISTORY**

Name \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Family Doctor or Pediatrician \_\_\_\_\_  
 Hospital or Clinic \_\_\_\_\_ Phone number of clinic \_\_\_\_\_  
 Date of last tetanus immunization \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Known health restrictions \_\_\_\_\_  
 Activity Restrictions \_\_\_\_\_  
 Medications taken regularly \_\_\_\_\_  
 Permission to administer over the counter medications: (circle one) Yes No  
 (i.e. Tylenol, Sudafed etc.) \_\_\_\_\_  
 Insurance Co. and Policy # \_\_\_\_\_  
 Subscriber Name \_\_\_\_\_  
 Relation to camper \_\_\_\_\_

**CONSENT**

**Parent Authorization**

This health form is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted by me and to be photographed and videoed for Camp Gilead promotional use. In case of medical emergency, I hereby give permission to the physician or health care professional selected by the camp director to administer or secure proper emergency treatment and hospitalize, as he/she deems necessary. I understand that Camp Gilead only carries secondary insurance for campers, and that I will take primary responsibility for any charges incurred in the event that the camper above should need any medical attention at any clinic, facility or hospital. In the event that a camper is not covered by an insurance policy, Camp Gilead will provide primary coverage.

**Parent Signature and Date:** \_\_\_\_\_

Parents please send all medications in the original container with dispensing instructions. Notify Camp Gilead if child is exposed to any communicable illness or pest during the three weeks prior to their camp.

**Camper Contract**

As the camper, I agree to abide by all camp regulations and policies and to uphold its objectives.

**Camper Signature and Date:** \_\_\_\_\_

Please mail completed registration form to:  
 30919 NE Carnation Farm Rd., Carnation, WA. 98014