

2017 SUMMER YOUTH CAMP REGISTRATION

One camper per form: download additional forms at www.campgilead.org

OFFICE USE ONLY			
CHECK #	AMOUNT RECEIVED	DATE RECEIVED	CABIN

YOUTH CAMPER INFORMATION – 2017

Last Name _____ First Name _____
 Mailing Address or P.O. Box _____ (Apt.#) _____
 City _____ State _____ Zip _____
 Home Phone Number _____ Parent's Email (Required) _____
 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 _____
 Gender _____ Grade Fall 2017 _____ First Time Camper – Yes / No (circle one)
 How did you hear about Camp Gilead? _____
 Roommate Request (limit to three please) _____
 T-shirt size (circle one):
 Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult 2XL

2017 CAMP DATES – Please check your week of camp (grade in the Fall 2017)

<input checked="" type="checkbox"/>	CAMP	DATES	GRADES	COST
<input type="checkbox"/>	Day Camp #1	June 26-30	K-3	\$280
<input type="checkbox"/>	Day Camp #2	July 10-14	K-3	\$280
<input type="checkbox"/>	Day Camp #3	July 17-21	K-3	\$280
<input type="checkbox"/>	Day Camp #4	July 31-Aug 4	K-3	\$280
<input type="checkbox"/>	Day Camp #5	Aug 7-11	K-3	\$280
<input type="checkbox"/>	Resident Junior Camp #1	June 26-July 1	5-7	\$315
<input type="checkbox"/>	Resident Junior Camp #2	July 10-15	3-5	\$315
<input type="checkbox"/>	Resident Junior Camp #3	Aug 7-12	4-6	\$315
<input type="checkbox"/>	Resident Teen Camp #1	July 17-22	6-8	\$325
<input type="checkbox"/>	Resident Teen Camp #2	July 24-29	9-12	\$325
<input type="checkbox"/>	Resident Teen Camp #3	July 31-Aug 5	7-9	\$325

PAYMENT OPTIONS

CREDIT CARD INFORMATION ()		<i>\$100 minimum deposit required</i> (nonrefundable, nontransferable and included in cost)	\$
Master Card <input type="checkbox"/>	VISA <input type="checkbox"/>		
CREDIT CARD #	EXP. DATE	<i>Paid in full by March 31st</i> Subtract \$20 from cost	\$
NAME ON CARD			
BILLING ADDRESS (if different than above)		<i>Deposit to Pop's Inn</i> Spending money	\$
CITY	STATE ZIP		
Signature X _____		TOTAL PAYMENT	\$

Partial Scholarships Available: Please contact saramoyer@campgilead.org

MEDICAL HISTORY

Camper's Name _____
 Height _____ Weight _____ Date of Birth _____ Age at time of camp _____
 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 medication 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