

# 2018 SUMMER YOUTH CAMP REGISTRATION

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

## OFFICE USE ONLY

CHECK #	AMOUNT RECEIVED	DATE RECEIVED	CABIN

## YOUTH CAMPER INFORMATION – 2018

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 2018 \_\_\_\_\_ 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

## 2018 CAMP DATES – Please check your week of camp (grade in the Fall 2018)

<input checked="" type="checkbox"/>	CAMP	DATES	GRADES	COST
	Day Camp #1	July 9-13	K-3	\$285
	Day Camp #2	July 16-20	K-3	\$285
	Day Camp #3	July 23-27	K-3	\$285
	Day Camp #4	August 6-10	K-3	\$285
	Day Camp #5	August 13-17	K-3	\$285
	Resident Junior Camp #1	July 9-14	5-7	\$320
	Resident Junior Camp #2	July 16-21	3-5	\$320
	Resident Junior Camp #3	August 13-18	4-6	\$320
	Resident Teen Camp #1	July 23-28	6-8	\$330
	Resident Teen Camp #2	July 30-August 4	9-12	\$330
	Resident Teen Camp #3	August 6-11	7-9	\$330

## PAYMENT OPTIONS

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

Partial Scholarships Available: Please contact [saramoyer@campgilead.org](mailto: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