

# 2024 SPRING & SUMMER 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	GROUP

## CAMPER INFORMATION – 2024

Camper Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Mailing Address/P.O. Box \_\_\_\_\_ (Apt.#) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Church \_\_\_\_\_  
Gender \_\_\_\_\_ Grade Fall 2024 \_\_\_\_\_ First Time Camper – Yes / No  
How did you hear about Camp Gilead? \_\_\_\_\_  
Groupmate Request (max 3; same gender) \_\_\_\_\_  
T-shirt Size (select one)  
Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult 2XL

## PARENT/GUARDIAN INFORMATION

Parent Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Parent Email (Required) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mom Cell Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_  
Alternate Emergency Contact: Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_

## 2024 CAMP DATES – Please check your week of camp (grade in the Fall 2024)

<input type="checkbox"/>	CAMP	DATES	GRADES	COST
<input type="checkbox"/>	Spring Break Day Camp	April 8-11	K-6	\$125
<input type="checkbox"/>	Day Camp #1	June 24-28	K-3	\$350
<input type="checkbox"/>	Day Camp #2	July 8-12	K-3	\$350
<input type="checkbox"/>	Day Camp #3	July 15-19	K-3	\$350
<input type="checkbox"/>	Day Camp #4	July 29-August 2	K-3	\$350
<input type="checkbox"/>	Day Camp #5	August 5-9	K-3	\$350
<input type="checkbox"/>	Day Camp #6	August 12-16	K-3	\$350
<input type="checkbox"/>	Resident Junior Camp #1	July 8-13	3-5	\$365
<input type="checkbox"/>	Resident Junior Camp #2	August 5-10	4-6	\$365
<input type="checkbox"/>	Resident Junior Camp #3	August 12-17	5-7	\$365
<input type="checkbox"/>	Resident Teen Camp #1	July 15-20	6-8	\$375
<input type="checkbox"/>	Resident Teen Camp #2	July 22-27	9-12	\$375
<input type="checkbox"/>	Resident Teen Camp #3	July 29-August 3	7-9	\$375

## PAYMENT OPTIONS

<b>CREDIT CARD INFORMATION</b>		<b>\$125 minimum deposit required</b> (cancellation fees will be applied & will vary depending on date of cancellation)	\$
Master Card <input type="checkbox"/> VISA <input type="checkbox"/>			
CREDIT CARD #	EXP. DATE	<b>Deposit to Pop's Inn</b> Spending money	\$
NAME ON CARD		<b>TOTAL PAYMENT</b>	\$
BILLING ADDRESS (if different than above)		If you desire to make monthly payments towards your balance, please contact <a href="mailto:saramoyer@campgilead.org">saramoyer@campgilead.org</a>	
CITY	STATE	ZIP	
Signature X _____		Partial Scholarships Available: Please contact <a href="mailto:saramoyer@campgilead.org">saramoyer@campgilead.org</a>	

## CAMPER MEDICAL HISTORY

Camper Full Name \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at Time of Camp \_\_\_\_\_  
Family Doctor or Pediatrician \_\_\_\_\_  
Hospital or Clinic \_\_\_\_\_ PCP Phone Number \_\_\_\_\_  
Date of Last Tetanus Immunization \_\_\_\_\_  
Allergies \_\_\_\_\_  
Known Health Restrictions \_\_\_\_\_  
Activity Restrictions \_\_\_\_\_  
Medications Taken Regularly \_\_\_\_\_  
Permission to administer over the counter medications – Yes / No  
(e.g., Tylenol, Sudafed etc.)  
Insurance Company and Policy # \_\_\_\_\_  
Subscriber Name \_\_\_\_\_  
Subscriber 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