



# CAMP GOOD NEWS Registration/Health Form



*This form must be complete in its entirety as pertaining to your child! Please print all information.*

Camper's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First MI

Grade entering this fall: \_\_\_\_\_ Age during camp: \_\_\_\_\_ This will be camper's \_\_\_\_\_ summer at camp.

Home Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Camper is in the free/reduced lunch program at school:  Yes  No Gender:  Boy  Girl

*We try to accommodate requests for your camper to have one friend in the same cabin as long as there is room.*

*My camper's choice for one cabin buddy is: \_\_\_\_\_ Cabin Buddy's Age: \_\_\_\_\_*

### My First Choice for Camp is:

**Week 1: Reserved**  
(Inner City Good News Club)

**Week 2: June 28- July 3**

**Week 3: July 5-10**

**Week 4: July 12-17**

**Week 5: July 19-24**

**Week 6: July 26-31**

**Week 7: Reserved**  
(Legacy Changer - Children of Prisoners)

**Week 8: Reserved**  
(Legacy Changer - Children of Prisoners)

<b>Camper Fee</b>	<b>\$275</b>
- Discounts	
- Amount Enclosed*	
= Remainder due at registration	

*\*A non-refundable registration fee of \$75 must accompany the registration for it to be complete.*

### EMERGENCY/HEALTH INFORMATION

Father or Guardian (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mother or Guardian (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Who has legal custody? Both: \_\_\_\_ Mother: \_\_\_\_ Father: \_\_\_\_ Guardian: \_\_\_\_ Other: \_\_\_\_\_

### IF NOT AVAILABLE in case of an EMERGENCY, notify:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Street and No. City State Zip Code

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

Print Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**\*\*Is there anyone we should be aware of who MAY NOT pick up your camper?**  NO  YES (give name/s)

**MEDICAL CONDITIONS TO BE AWARE OF (ALLERGIES, SPECIAL DIET, DISABILITIES, ETC.)**

- Allergies (list below)  Asthma (list medications and limitations below)  Picky eater (explain below)  Bed-wetting  
 Seizure disorder (explain below)  ADD or ADHD (explain below)  Bi-polar  Hearing impaired  Other(explain below)

**Medications:**

Medicine	Dose	Frequency	Medicine	Dose	Frequency

Does your camper have any conditions that would limit participating in all camp activities?  NO  YES

(If yes, please explain) \_\_\_\_\_

My child can have over the counter medications:  NO  YES

Are Immunizations up to date? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

Last Tetanus Booster? Mo./Yr. \_\_\_\_\_/\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does camper have a State of Illinois medical card:  NO  YES: In whose name? \_\_\_\_\_

**\*\*\*\*\* If yes, PLEASE include a copy (front & back) of the medical card with application \*\*\*\*\***

Primary Insurance Company \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_ ID #: \_\_\_\_\_

Full Name of Policy Holder (please print) \_\_\_\_\_

**\*\*\*\*\* PLEASE include copy of FRONT and BACK of health insurance card with application \*\*\*\*\***

**Consent/Release Form**

I, the undersigned parent/guardian hereby consent to my child, \_\_\_\_\_ who is, \_\_\_\_\_ years of age, participating in activities connected with CAMP GOOD NEWS® in Washington, IL, an activity sponsored by Child Evangelism Fellowship®. I certify that my child is able to participate in these activities including sports, hiking, ropes course, Zipline, and swimming, etc. (unless otherwise indicated). If there are any activities I do not want my child to be involved in I have listed them. I UNDERSTAND AND HERBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them. In the event that an emergency occurs, I may be reached at the telephone number(s) listed. If I cannot be reached within a reasonable period of time, I hereby authorize the Camp Good News staff to make emergency medical decisions for my child.

I consent to the use of my child's portrait or picture for purposes of trade, publicity, and or information by CAMP GOOD NEWS® and CHILD EVANGELISM FELLOWSHIP®.

I do hereby agree to hold CAMP GOOD NEWS® and its agents and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account if injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity to participation in any other associated activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the State of Illinois law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release and contractual and to a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Parent/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_