

IMPORTANT GENERAL INFORMATION (This is not necessary if online registration is completed)

Camper's last name _____ First name _____ Gender _____

Home address _____

City _____ State _____ Zip Code _____

Residence phone _____ T-shirt size: Youth S__ M__ L__ Adult S__ M__ L__ XL__

Mother's name & cell _____ Father's name & cell _____

School grade next September 2017 _____ Age last birthday _____ Date of birth _____ (mm/dd/yy)

Which church do you attend church? _____

Child email address _____ Parent email address _____

WHEN DO YOU WANT TO ATTEND? *(Please check the week(s) you wish to attend)*

GENERAL CAMPING WEEKS (Ages 8-18) June 29– July 27, 2019

___ June 29-July 6 (check-in 11:00 a.m., check out at 10:00 a.m. Saturday)

___ July 6-13 (check-in 11:00 a.m., check out at 10:00 a.m. Saturday)

___ July 23-20 (check-in 11:00 a.m., check out at 10:00 a.m. Saturday)

___ July 20-27 (check-in 11:00 a.m., check out at 10:00 a.m. Saturday)

SENIOR SESSION (Ages 13-18) July 27—August 8

___ July 27-August 8 (check-in 11:00 a.m. Sat., check out at 10:00 a.m. Thurs.)

CAMPER FEES

- A \$30, non-refundable, per week registration deposit must accompany this form to insure a camper slot.
- Tuition (camper fee) is \$395 per week. \$365 for each additional week.
- DISCOUNTS (a maximum of two discounts can be taken including the volunteer staff discount)
 - \$30 for an additional child from same family
 - \$30 for a child of a volunteer staff member (Also see Camp Season 2019 letter for staff discount information)
 - \$30 for early bird full payment by June 10, 2019
- Snacks and drinks in canteen are included in the cost of registration.

Amount enclosed with this application \$ _____



Commitments, Approvals, Permissions, and Emergency Information

COMMITMENT FOR THE CAMPER:

I agree to abide by the rules of the camp and to do my best at all times to be a real camper. I hereby apply to attend Gander Brook Christian camp during the time indicated.

Camper's signature _____

FOR PARENTS OR GUARDIAN TO FILL OUT:

This application has my approval.

- I agree that camp fees will be paid in advance and will not be refunded if the camper leaves for any reason except sickness. In case of illness, the unused portion will be refunded.
- I also agree that the Camp reserves the right to reject applications without giving reason, as well as to dismiss any camper for the good of the camping program.
- While Gander Brook Christian Camp will take every reasonable precaution, it is agreed that the camp assumes no responsibility for the camper's personal property and is released from any liability in connection with medical administration except to the extent covered by Camper's Insurance.
- I agree that photographs of my child / trustee may be used by Gander Brook for promotional purposes.

Parent's or guardian's signature _____

Parent's or guardian's name printed _____

IN CASE OF BUSINESS HOUR EMERGENCY:

Business name and address _____

Business phone _____ Cell phone _____

PERMISSIONS

Gander Brook Christian Camp offers the following activities for which we need your approval. Please initial here to give permission for your child to participate.

_____ paintball activity (only for campers 12 and older).

_____ small-bore firearms merit badge (only for campers 12 and older).



Medical Information & Emergency Contacts

CAMPER... Name _____
Age: _____ Gender: _____ DOB: _____

CONTACTS IN CASE OF EMERGENCY...

Parent/ Legal Guardian: _____
Street Address: _____ Town _____ State _____
Cell Phone: _____ Home phone: _____
Bus. phone _____ ext. _____
Email Address: _____

Two Contacts, in case you can't be reached...

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

ALLERGIES...

Medications _____
*Foods _____
Environmental _____
Bees / insects _____ Latex _____
Other _____

PLEASE INFORM HEALTH CARE STAFF OF...

Limitation to activities _____
Exposure to any communicable disease within the
past 3 weeks _____
Anything else you think we should know

IMMUNIZATIONS UP-TO-DATE Y ___ N ___

_____ Last tetanus
_____ Varicella vaccine
_____ Hepatitis B vaccine
Recent / past surgery, hospitalization or fractures
(explain)

MEDICATIONS (please list)

HEALTH HISTORY (check if applicable)

- _____ Frequent ear infections
_____ Reoccurring illness
_____ Heart defect / disease
_____ Asthma
_____ Diabetes
_____ Seizures
_____ Bleeding disorders
_____ Bladder control issues
_____ Chicken pox
_____ Psychiatric, psychological or emotional
difficulties.
Explain _____
_____ Behavioral/neurological disorders.
Explain _____
_____ Eating disorder(s).
Explain _____
_____ Drug use.
Explain _____
_____ Bed wetting, sleep walking, night terrors.
Explain _____
_____ Other _____

* Depending on the severity of dietary restrictions, Gander Brook may or may not be able to accommodate your child. We recommend that if your child has special needs that you call the camp ahead of time to see what arrangements can be made.



Insurance / Physician Information & Emergency Authorizations

Carrier _____
Policy # _____
None _____

Physician _____ Phone _____
Address _____

CONSENT TO OVER-THE-COUNTER MEDICATIONS

I consent to the assessment, treatment and use of over-the-counter medications for my son / daughter / trustee by the health care staff at Gander Brook Christian Camp.

Signature _____ Date _____
Parent / Legal Guardian

PARENT / LEGAL GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT

This health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities unless otherwise noted.

I hereby give my permission to the physician in attendance at any medical facility to order X-rays, routine tests and prescribe treatment for my child / trustee. In the event of an emergency and I cannot be reached I give permission for the physician at the any medical facility to hospitalize, secure proper treatment for and to order injection, anesthesia, and / or surgery for my child / trustee as name above.

Signature _____ (Parent / Legal Guardian)

NOTE: This must be completely filled out and signed for camp attendance. Please bring with child to camp.