



CEF
CHILD EVANGELISM
FELLOWSHIP®
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CAMP GOOD NEWS®
A MINISTRY OF
CHILD EVANGELISM FELLOWSHIP®
OF NC, INC.

For Office Use Only
Date Received: _____
Confirmation: _____

2011 Summer Camp Application

Mail to: PO Box 1872, Fairview, NC 28730

Website: www.CampGoodNewsNC.org

Camper's Name: _____ Family Church: _____

Parent or Guardian: _____ Relation to Camper: _____

Address: _____ City / State / Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail Address: _____

Emergency Contact: _____ Emergency Number: (____) _____

Gender: Male: Female: Birthdate: ____/____/____ What grade will the camper enter in 2011? _____

T-Shirt Size for Camper's Free T-Shirt:

Adult Size: S M L XL **Youth Size:** S M L

Check-In is at 4:00 pm on Sunday Afternoon. Please do not arrive before 4:00 pm, as the office will be closed.

Pick-Up is Friday afternoon at 12:30 pm.

Circle Week Requested:

- | | |
|---|--|
| (1) July 3rd-8th Boys Ages 13-15 | (4) July 24th-29th Girls Ages 13-15 |
| (2) July 10th-15th Boys Ages 10-12 | (5) July 31st-August 5th Girls Ages 10-12 |
| (3) July 17th-22nd Boys Ages 7-9 | (6) August 7th-12th Girls Ages 7-9 |

ALL OF THE FOLLOWING INFORMATION REQUIRED TO ATTEND CAMP

Height: _____ Weight: _____ Year of last Tetanus shot _____ (included in the shots DPT, TD, DT, TDAP, DTAP)

ALL PRESCRIPTION AND OVER THE COUNTER MEDICINE MUST BE CHECKED IN AT REGISTRATION, AS WELL AS LABELED AND UP TO DATE. MEDICATION WILL BE ADMINISTERED AS LABELED BY CAMP STAFF ONLY. CAMPERS ARE NOT PERMITTED TO KEEP MEDICATION WITH THEM WITH. EXCEPTION: ASTHMA INHALERS. THIS MUST BE CONFIRMED WITH THE REGISTERING PARENT OR GUARDIAN.

- List all the medications your child will be taking when they come to camp: _____
- What condition(s) are above medications taken for? _____
- List ALL allergies that your child has, including food, medicine, bee stings, etc.: _____
- Does camper have a problem with bed wetting? _____ If so, camper will be reserved a bottom bunk with mattress case. Please pack 2 sets of sheets for your child instead of a sleeping bag, so sheets can be changed and washed. This information will never be disclosed to fellow campers, and will be handled discreetly.

(Continued on reverse)

• Give a brief medical history and any other relevant information: _____

• The camp stocks the following non-prescription medications which are available if needed.
*Tylenol, Advil, Emetrol (for nausea), Immodium, *Benedryl*, Calamine Lotion, Dramamine II.*
They are administered only if needed for headaches, upset stomach, bee stings, allergies, or poison oak / ivy. Children's Strength medications will be used in children 11 and younger, and regular strength for children 12 and older. As a precautionary measure against Reye's Syndrome, we do *not* administer Aspirin or Pepto Bismol to children or teens.

• Please list any medications that you do *not* want administered to your child without first contacting a parent/guardian. If no medications are listed, it is understood that permission is granted to administer medication if needed to the camper. *In case of allergic reaction to a sting or poison ivy/oak Benedryl is the most recommended by children's physicians.*

INSURANCE:

Family Doctor: _____ Doctor's Phone Number: _____

Medical Insurance Co.: _____

Insurance Co. Phone: _____ Policy Number: _____

Please list information if your child has Medicaid or other form of children's assistance. Please attach a copy of your Medicaid Card to this application. _____

PLEASE NOTE:

All girls' bathing suits must be one piece. No Exceptions.
Please mark all of your camper's clothing, their Bible, and other belongings.



PERMISSION FORM:

I, the undersigned, am the legal parent / guardian of the above named child. I authorize Dennis and or Marcia Bailey, or an assigned adult representative of Camp Good News® to take my child to the nearest hospital for treatment if I cannot be reached in case of an emergency. I further authorize the hospital or a licensed Doctor of Medicine to administer treatment. It is understood that

I will be contacted by telephone if at all possible prior to treatment.

I grant permission for my child to go on all outings Camp Good News® may take during the camp week. I agree to hold Camp Good News® blameless of any liability from injury sustained or loss of personal property while on these outings.

I grant Camp Good News® permission to use my child's image in CGN promotional materials (video, photo, print, etc).

Campers are allowed to have money for any souvenir shopping we *may* do. This money must be banked with the office upon check-in, and any change returned to the office after shopping. All monies will be returned at the end of the camp week. If monies are not banked with the office, Camp Good News® is not responsible for lost or stolen money.

**I understand that if my child continually violates the rules of the camp,
he/she may be required to leave as soon as I can be contacted.**

Parent / Guardian Signature: _____ Date: _____