

Grandcamp Registration

Deadline May 1,2011

Camper Information

Adult Information

Last Name _____ First _____ Middle _____

___ Male ___ Female Date of birth ___/___/___

Street Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work(____) _____

Email: _____

Last Name _____ First _____ Middle _____

___ Male ___ Female Date of birth ___/___/___

Camper Information

Last Name _____ First _____ Middle _____

___ Male ___ Female Date of birth ___/___/___ Grade completed by camp _____

Street Address _____ City _____ State _____ Zip _____

Last Name _____ First _____ Middle _____

___ Male ___ Female Date of birth ___/___/___ Grade completed by camp _____

Street Address _____ City _____ State _____ Zip _____

Last Name _____ First _____ Middle _____

___ Male ___ Female Date of birth ___/___/___ Grade completed by camp _____

Street Address _____ City _____ State _____ Zip _____

Insurance information

Person responsible for insurance coverage _____

Health insurance carrier _____

Policy # _____ Group # _____

Billing Address _____

City _____ State _____ Zip _____

Personal Physician: _____

Address _____ Phone _____

Last tetanus vaccination _____

Medication allergies ___ Sulfa ___ Penicillin ___ Tetanus ___ Aspirin

___ Other(Explain) _____

Environmental allergies ___ Poison ivy/oak ___ Bee/insect stings ___ Dust

___ Hay fever ___ Other(Explain) _____

Describe recent illness, injuries, surgeries, or exposure to contagious or infectious disease(include dates) _____

MEDICATIONS you will be taking while at camp (include dosage instruction and any other helpful information) _____

Camp Dates

Grandcamp #19 (Cabins only)

July 8th-9th

Grandcamp #20

July 9th-10th

Grandcamp #21

July 30th-31st

Date going to attend: _____

Additional \$40 charge for lodge room

PARENT OR GUARDIAN AUTHORIZATION FOR CHILD

By signing this document, I hereby certify that all information contained herein is correct. I give permission for the use of photographs including my child to be used in camp publicity. (Camper name) _____ has my/our permission to participate in camp. I/we understand that all camp activities will be closely supervised and medical and/or hospital care will be given if serious illness or injury occurs. I/we understand that I/we will be notified in case of serious illness or injury. In the event I/we cannot be contacted, I/we give permission for emergency treatment as recommended by attending physician or dentist. I/we further release the camp director and staff and the Christian Church in the Upper Midwest from responsibility and liability for any accidents or illness occurring during camp. I/we understand that the camp insurance coverage picks up where my/our insurance leaves off, up to the limits of the camp policy.

PARENT OR GAURDIAN ENDORSEMENT

I understand that the camping experience grows in intensity as the week progresses. I recognize that missing any part of the week compromises my child's experience of Christian community and affects both my individual child and the camp community as a whole. I will to the best of my ability, ensure that my child will be able to spend a week at camp uninterrupted.

Signature

Date