

## 2019 REGISTRATION / MEDICAL & LIABILITY RELEASE FORM

Please return this form along with a non-refundable \$125 deposit to hold your child's spot. One form per child. The remaining balance of \$175 is due two weeks prior to the first day of your child's camp session. **PLEASE NOTE:** An additional \$10 fee will be charged to balances paid after the due date. Balance refund only if cancelled by due date or, child's spot is filled. **Mail to: CAMP GOOD NEWS, P.O. BOX 1784, ATASCADERO, CA 93423.**

\* Returning campers: Have you moved since you last attended camp? Yes

CHILDS NAME \_\_\_\_\_ (Circle) GIRL BOY Child's first time at CGN? Yes No

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_ PAYING ONLINE Yes No

Child's Date of Birth:     /     /     Circle Session Desired:    1    2    3    4

Does this child attend church?    Y    or    N    If so where? \_\_\_\_\_

Grade next Fall \_\_\_\_\_ School Next Fall \_\_\_\_\_

If parents can't be reached in an emergency, contact the following:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Name others from your family attending Camp this year \_\_\_\_\_

OPTIONAL: I would like to be in the same cabin with: (usually within 2 yrs. of age)

Please give name(s) (we will try our best!) \_\_\_\_\_

Circle CHILD'S T-Shirt Size: Children:    S    M    L    XL    **-OR-**    Adult:    S    M    L    XL

**FOR OFFICE USE ONLY**

Reg. # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dep. Recd \$ \_\_\_\_\_

Dep. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Ck/PP # \_\_\_\_\_

Discount type: C / M / W / O

\_\_\_\_\_

Discount \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Paid in full \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Bal. Ck/PP # \_\_\_\_\_

Invoice # \_\_\_\_\_

Please list any allergies your child has and their treatment (especially to food or drugs): \_\_\_\_\_

Please list any ailments or disabilities that might restrict your child's activities at camp. \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Are all other shots up to date? (circle one) YES NO

List all medication your child needs to take at camp, its dosage and when it should be taken: \_\_\_\_\_

Do you give permission for your child to have: Tylenol- YES NO Tums- YES NO Ibuprofen- YES NO Benadryl- YES NO

Is your child covered by Medical Insurance? YES NO Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

(The camp provides supplemental coverage.)

*I give permission to the doctor selected by Camp Good News® (CGN) to provide treatment for my child if he/she becomes injured or ill at camp. I understand that an effort will be made to contact me if such treatment is deemed necessary. I also release Child Evangelism Fellowship of Southern California, Inc., the Lopez Canyon Conference Center (LCCC), their staff, board members, and committee members from any liability incurred as a result of my child's participation in CGN. I also understand that CEF and LCCC are not responsible for any lost, stolen, or damaged personal property.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please Print Name Here: \_\_\_\_\_

**Photo/Video Release**

Child Evangelism Fellowship® may, from time to time, document the activities of the ministry with photos or videos.

I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please Print Name Here: \_\_\_\_\_