

**REGISTRATION FORM**

**BOTH SIDES MUST BE COMPLETED**

Please return this form and a non-refundable \$90 deposit for each child ASAP! Remaining balance 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 deadline.** Balance portion of payment will be refunded only if cancelled by due date, or child's spot is filled.

**Send to: CAMP GOOD NEWS, P.O. BOX 1784, ATASCADERO, CA 93423**

**Please complete with ballpoint pen** \* Returning campers: Have you moved since you last attended camp?  Yes  No

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

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

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

Child's Date of Birth: / / Circle Session Desired: 1 2 3 4 5

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

Grade Next September \_\_\_\_\_ School Attending \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>	
Reg. #	____/____/____
Dep. Recd: \$	____.00
Dep. Date:	____/____/____
Dep. Ck #:	_____
Discount: Campership/4-day Workership/Multi-family	_____
Sponsor:	_____
Discount: \$	____.00
Balance due: \$	____.00
Pd in full on	____/____/____
Bal. Check #	_____

**MEDICAL & LIABILITY RELEASE FORM - MUST BE SIGNED BY PARENT OR GUARDIAN**

Please print **child's** name \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_. Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
(the camp provides supplemental coverage)

*I give permission to the doctor selected by Camp Good News to provide treatment for my child if he or 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, the Lopez Canyon Conference Center, and Emmanuel Heights Camp and Retreat Center, their staff and board members from any liability incurred as a result of my child's participation in Camp Good News. Child Evangelism Fellowship reserves the right to use photos, video or other likeness of campers in promotional materials. I also understand that CEF, LCCC or EHC & RC is not responsible for any lost, stolen, or damaged personal property.*

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

Please Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_