

REGISTRATION FORM

BOTH FORMS MUST BE COMPLETED

Please return this form and a non-refundable \$110 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 deadline.** Balance portion of payment will be refund 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
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. Date:	_____/_____/_____
Dep. Recd.:	\$ _____ .00
Dep. Ck #:	_____
Discount:	Campership/Other Workership/Multi-family

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? (circle one) Yes or 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? Y or N 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 (CEF) of Southern California, 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. CEF reserves the right to use photos, video or other likeness of campers in promotional materials. I also understand that CEF and LCCC are not responsible for any lost, stolen, or damaged personal property.

Please Print Your Name Here: _____

Please Sign Here: _____ Date: ____/____/____