

Camper Registration Form For Winter Teen Retreat

Send to:

Camp Good News, 413 Campground Rd., Livermore Falls, ME 04254

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____

Birth Date: _____ Age _____ Male _____ Female _____

Retreat Date: Feb. 9-11

I have enclosed \$5.00 **to register.**

I have enclosed \$75.00 to pay **in full.**

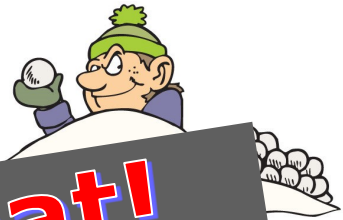
If possible,
I would like to bunk with:

Camp Good News®
413 Campground Rd.
Livermore Falls, Maine 04254
(207) 897-3221

Non-Profit Org.
U.S. POSTAGE
PAID
Livermore Falls, Maine
PERMIT NO.103



COME JOIN US
FEB 9-11 FOR OUR 2018



Teen Winter Retreat!

Child Evangelism Fellowship® of Maine, Inc. at Camp Good News®



You're Invited!



Who? Teens ages 14 and up

When? Friday Feb. 9, at 6 p.m. to Sunday Feb. 11, until 1:30 p.m.

**Where? Camp Good News
Livermore Falls, Me.**

Cost: \$75.00

**Food! Fun!
Friends**



YOUR REGISTRATION, CHECK, HEALTH HISTORY, IMMUNIZATION RECORD AND INSURANCE INFORMATION
MUST REACH US BY: **FEBRUARY 2, 2018.**

HEALTH FORM: NAME _____ BIRTH DATE _____

(PLEASE FILL IN INFORMATION APPLICABLE TO YOUR TEEN)

- Diabetes Sleep Walking Bed Wetting ADHD/ADD Asthma Heart Problems Kidney Disease
 Epilepsy/ Convulsions Stomach/Bowel Problems Anxiety/stress disability
 Allergies? Please include foods, medications, insects, plants, etc. _____

Medications? (please list, including epi-pens, inhalers, and vitamins) _____

Operations or serious illnesses? _____

Physical or mental disabilities? _____ Other _____

Has camper been under a physician's care in the last 6 months? If yes, please explain _____

When was campers last tetanus shot? Date received: _____

INSURANCE INFORMATION: Insurance Company Name: _____

Policy Number: _____ Subscriber's Name: _____

Parent/Guardians' Name: _____ Telephone #: _____

Relatives Name: _____ Telephone #: _____

Friends Name: _____ Telephone #: _____

IN CASE OF MEDICAL OR SURGICAL EMERGENCY: I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. I also give permission to the camp nurse to administer prescription medications brought by the camper and any over-the-counter medicines as needed.

Signature of Parent or Guardian _____ Date: _____

FOR EPI-PENS & INHALERS: I certify that _____ has the knowledge and skills to safely self-administer the following emergency medication (s) at camp: _____

Date _____ HCP signature: _____ Parent/Guardian signature: _____

MEDIA CONSENT: I give permission for CEF to use video recordings or photographs of my child in their brochures, videos or web pages.

Child _____ Parent/Guardian: _____ Date: _____



For more information, please call: (207) 897-6182
Directions and a list of things to bring, etc. will be sent upon receipt of registration.
Registration is non-refundable. Registrations accepted on a "first come, first served" basis!

