

Camp Good News Registration Form 2010

413 Campground Rd.
Livermore Falls, ME 04254

JUNIOR CAMP FEES:
 \$ 40.00 Registration (non-refundable)
 \$130.00 Due on arrival
 \$170.00 Total

TEEN CAMP FEES:
 \$ 40.00 Registration (non-refundable)
 \$145.00 Due on arrival
 \$185.00 Total

CHECK-IN TIME
 Sunday, between 2-4 p.m.

CHECK-OUT TIME
 Friday, between 6-7 p.m.

CAMPER REGISTRATION FORM

Fill out and mail with your non-refundable deposit to:

CAMP GOOD NEWS®
 413 Campground Road
 Livermore Falls, ME 04254
 (207) 897-3221

OFFICE USE ONLY
 Amt. Paid _____
 Amt. Due _____
 Date Rec'd _____

CAMP WEEK YOU WISH TO ATTEND

- JUNIOR WEEK ...July 4-9
- JUNIOR WEEK ... July 11-16
- JUNIOR WEEK ...July 18-23
- TEEN WEEK ...July 25-30
- JUNIOR WEEK ...August 1-6
- JUNIOR WEEK ...August 8-13
- JUNIOR WEEK ...August 15-20

WILDERNESS ADVENTURE WEEK...JULY 11-16

**Attention: Junior weeks are for ages 8-13
 and the teen week is for ages 14-17.**
 Although each camper may attend only one week,
 please mark a first and second choice of weeks
 in case your first choice is full. Thank you!

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE ____/____/____ AGE AT CAMP TIME _____
Month Day Year

GRADE COMPLETED BY CAMP _____ SEX MALE FEMALE

(Must have completed Grade 2 and be age 8)

Registrations accepted on a "first come, first served" basis!

I give permission for CEF to use video recordings or photographs of my child in the Camp Good News brochure or video.
 _____ Date _____
 (Signature of parent/guardian)

HEALTH HISTORY (Check giving approximate dates) NAME _____ Age _____

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Bed Wetting _____ | <input type="checkbox"/> Fainting _____ | IMMUNIZATIONS:
Please provide dates |
| <input type="checkbox"/> Allergic Reactions: | <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Sleep Walking _____ | <input type="checkbox"/> Rheumatic Fever _____ | |
| ... <input type="checkbox"/> Bee Stings _____ | <input type="checkbox"/> Heart Trouble _____ | <input type="checkbox"/> Kidney Trouble _____ | <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> German Measles _____ |
| ... <input type="checkbox"/> Penicillin _____ | <input type="checkbox"/> Epilepsy _____ | <input type="checkbox"/> Stomach Problems _____ | <input type="checkbox"/> Appendicitis _____ | <input type="checkbox"/> Mumps _____ |
| ... <input type="checkbox"/> Other Drugs _____ | <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Bowel Problems _____ | <input type="checkbox"/> Frequent colds _____ | <input type="checkbox"/> Polio _____ <input type="checkbox"/> MMR _____ |
| <input type="checkbox"/> Shortness of breath _____ | <input type="checkbox"/> Ivy, oak, or sumac poisoning _____ | | | <input type="checkbox"/> Tetanus _____ <input type="checkbox"/> DPT _____ |
| <input type="checkbox"/> Any medications taken daily? _____ | | <input type="checkbox"/> Any physical / mental disability? _____ | | |
| <input type="checkbox"/> Operations or serious illnesses? _____ | | | | |

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

INSURANCE INFORMATION: Insurance Company Name: _____
 Policy Number: _____ Subscriber's Name: _____
 Parent/Guardians' Telephone No.: _____ Work: _____
 Relative's Phone: _____ Friend's Phone: _____

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 in dispensing of over the counter medicines as needed. Signature of Parent or Guardian: _____ Date: _____