



2019 CAMP GOOD NEWS REGISTRATION FORM

GOOD NEWS CLUB, INC. OF NORTHUMBERLAND COUNTY • *Affiliated with* CHILD EVANGELISM FELLOWSHIP OF EASTERN PA, INC.

OFFICE USE	Date received _____
	Amount received _____
	Amount due _____

THE ENTIRE FORM MUST BE COMPLETED, SIGNED, AND SENT WITH A \$125 NON-REFUNDABLE (\$30 for day camp) FEE.

CLIP & SEND THIS PAGE WITH THE REGISTRATION FEE TO: GOOD NEWS CLUB, INC. 53 BLUE HILL, NORTHUMBERLAND, PA 17857-8667.

Payments accepted in cash or check, made payable to: GOOD NEWS CLUB, INC. Your child's registration will be considered by the date it is received at our office.

PLEASE CHECK WEEK(S) ATTENDING *A camper may attend one week of Day Camp and/or one week of Overnight Camp.*

- Northumberland Day Camp (July 8-12)
- Northumberland Day Camp (July 15-19)
- Overnight Camp (July 28-August 3)
- Overnight Camp (August 4-10)

Camper's Name: Last _____ First _____ Male Female

Date of Birth: ____/____/____ (MM/DD/YYYY) Age on first day of selected camp 2019 _____ Entering Grade _____ in September 2019

Address: Street _____ City _____ State _____ Zip +4 _____

Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____ E-mail _____

Pastor and Church Name, if any _____

For the protection of your child, we require a signed note if you are designating someone else to pick your child up from camp.

CAMPER HEALTH FORM *Camper's personal health insurance is primary; camp insurance is excess*

Family Health Insurance _____ Name of Policy Subscriber _____

Policy # _____ Group # _____

Family Physician _____ Phone: (____) _____ - _____

Health History—Please check if your camper has been previously diagnosed with any of the following:

- Acid Reflux
- Dyslexia
- Gastrointestinal Issues (Constipation, Abdominal Pain)
- Heart Issues
- Recurrent Ear Infections
- Respiratory Issues (Pneumonia, Bronchitis, Asthma, Sinusitis)

Epilepsy/Seizures Kidney/Bladder Issues Skin Issues Date of Last Tetanus Shot ____/____/____

Are all other immunizations current? _____ Other: _____

Please note that our camp is open to all boys and girls; however, our program is not conducive to, nor do we have the staff and ability to handle severe health issues or cases of learning or physical disability that would otherwise require a full-time TTS or other special caregiver.

Current Health—Please check if your camper experiences on a recurring basis or has been recently diagnosed with any of the following:

Bed Wetting Gastrointestinal/Stomach Issues Asthma or other Respiratory Issues Allergies: _____

Hypertension Social/Emotional Problems Skin Problems Dietary Restrictions: _____

Sleep Walking Has Menstruated Has Been Informed About Menses Other _____

Medications _____ Reason _____

All medications MUST be brought in original prescription containers labeled with instructions and turned into the nurse upon arrival.

Parent's Authorization:

To my knowledge, the information provided on this form is correct and I give permission for my child, named above, to attend the camping program(s) checked on the application form above and to participate in all camp activities.

I give permission for my child to be included in any photographs, video, and/or website and other print and electronic publications that may be used in GOOD NEWS CLUB, INC. ministry promotion.

While my child is at Camp Good News, I authorize the camp nurse to administer the above listed prescription medications as well as dose appropriate non-prescription medications and treatments necessary in the best interests of my child.

I recognize that during the course of the operation of the camp program, unforeseen conditions may develop including accidental injuries and illness. Therefore, in the event of such injuries affecting my child, I authorize the nurse(s) at the camp, or in their absence, a member of the camp staff, to administer such first aid and emergency treatment and care as in their opinion may be deemed necessary and advisable. In the event I cannot be reached, I also hereby appoint the camp director and the camp nurse on duty to act in my stead to give consent for transport to a medical facility and order injections, anesthesia, surgery or other necessary procedures for my child. I understand I am responsible for the cost of any such medical treatment, whether I have insurance coverage on my child or not.

I hereby release GOOD NEWS CLUB, INC. OF NORTHUMBERLAND COUNTY, its committee, and camp staff from any and all liability in the event of any accident or misfortune that may occur to my child or as a result of the use of their best judgment under the circumstances that may be present. I hereby waive any right that I, or my child, may have to sue GOOD NEWS CLUB, INC. or any of its employees or board, or camp staff, paid or volunteer, as a result of any and all accidental injuries, and damages or losses sustained by my child while participating in the camp program and any activities associated with camp.

PRINT Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

Emergency Contact's Name _____ Contact's Phone # _____ Relationship to Camper _____