

Camp Anew Registration

Camper's Name _____

Male Female Age at Camp _____ DOB ____ / ____ / ____ Camper's Phone (____) _____

Address _____

Shirt Size: adult kids / XL L M S

City _____ State _____ Zip _____ Current Grade _____ Name of School _____

Parent / Guardian Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Other Emergency Contact Relationship _____ Home Phone (____) _____ Work Phone (____) _____

Name of Loved One Who Died _____ Relationship _____ Date of Death ____ / ____ / ____

Cause of Death _____

Camper's Response to Loss _____

Significant Grief Issues _____

Medications (Labeled with Camper's Name and in Original Container) _____

Current Infectious Diseases or Physical Needs to be Aware of _____

Allergies or Medical Concerns _____

Behavioral Problems / Bed Wetting / Other _____

IMMUNIZATIONS
Check if up-to-date
 Diphtheria Hepatitis B Whooping Cough
 Mumps Polio Rubella
 Measles
 Tetanus – Last Booster given ? _____

Insurance Company _____

Policy Number _____

Family Doctor _____

Office Phone _____

Authorized Pickup Family, Church, etc. _____

CAMP FEE \$250 – A non-refundable MINIMUM DEPOSIT of \$50 is required. -\$

CAMPSTORE DEPOSIT -\$

Total Enclosed -\$

IF YOU ARE REQUESTING FINANCIAL ASSISTANCE, PLEASE SUBMIT YOUR REQUEST IN WRITING.

In signing this document, I hereby certify that this information is accurate and give my permission for the use of photographs and videos including my child to be used in camp publicity; for my child to be transported in camp owned vehicles to and from off campus activities; for the release of medical records in case of illness or injury; and for the camper named herein to engage in all camp activities, except as noted by me and/or attending physician. I also give my permission to the physician selected by Grace Adventures to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper named herein. I also give my permission to the Grace Adventures Health Officer to give routine, nonsurgical treatment.

Signature of Parent or Guardian *X*

Date _____

Please mail this completed registration to: **CAMP ANEW** ▪ 895 Wendover Boulevard ▪ Muskegon, MI 49441