

Camp Good News

Camper Application Form

(one per child please)

Fill out both sides of this form, clip off at fold and mail with a minimum \$10.00 deposit by August 1st (the sooner the better) CEF, P.O. Box 737, Gilchrist, OR 97737

Name: _____

Boy [] Girl []

Date of Birth: / / Grade next fall: _____

Address: _____ Town: _____

_____ Zip: _____

Home Phone #: _____ Work # _____

If parents can't be reached at these numbers, who else should be contacted in an emergency?

Name: _____ Phone: _____

Please list name of a "cabin buddy" desired:

Child wants to attend, and can handle being away from home for 4 days and 3 nights? [] yes [] no

◆ **Limited** RT transportation **may be** available at \$7.00 per child from: Bend [] LaPine [] Madras () Powell Butte ()

Please mark if needed and send trans. fee w/registration. Transportation information will be sent to you.

◆ If you anticipate having extra room in your vehicle and would be **willing to transport** a child from your community who needs a ride to and from camp, **please** check here []

Do you believe your child will be able to follow normal camp rules, obey those in authority, and be considerate of the safety and welfare of others? [] Yes [] No

Children with special needs who require extra or special trained staff are asked to apply for camps designed to better meet their needs.

If you object to having your child's picture taken and possibly published please check here? []

If you are a low income family (*total family income less than \$1500/month with 1 child, + \$250 each additional child) and you wish to apply for financial aid if donations are received, check this box: []

Those who send a \$10.00 deposit are given priority, to make camper-ships available to more children.

Thank you. A list of things to bring and directions to the camp will be mailed to you after your child's

Medical Release Form

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 participation in camp activities:

Has your child had a tetanus shot in the past 10 years?

[] yes [] no

List all medication your child will bring to camp, dosages, and when they are to be taken: (attach additional sheet if necessary)

Is your child covered by medical insurance? [] yes [] no

Name of Inc. Co. _____

Policy #: _____

I give permission to the Doctor selected by *Camp Good News* staff to provide treatment for my child if he/she is injured or becomes ill at camp. I understand that an effort will be made to contact me if such treatment is considered necessary. I understand that my child will be covered by medical insurance up to \$3500.00 beyond any insurance coverage he/she already has. I accept responsibility of the cost of treatment beyond this limit.

Parent / Guardian Signature **Date**

Please print name
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Office Use Only:

Dep. of \_\_\_\_\_ received on \_\_\_\_/\_\_\_\_/\_\_\_\_ ck# \_\_\_\_\_.

Bal Due: \_\_\_\_\_.

PIF on \_\_\_\_/\_\_\_\_/\_\_\_\_ w/ ck# \_\_\_\_\_

C-ship of \$ \_\_\_\_\_  
by \_\_\_\_\_