

2010 Summer Camp Registration Form

Incomplete forms will not be processed. Please print legibly and fill in all fields.

Online registration available at www.glenlake.org!

1 Camper Information

Name _____
First Last Preferred

Address _____
Street or P.O. Box

City _____ State _____ Zip _____

Home Phone _____ Parent Work Phone _____

Parent/Guardian Name _____ Cell Phone _____

Church Name _____ Church City _____

Female _____ Male _____ Birthday __/__/__ Age _____ Grade entering Fall 2010 _____

Roommate Request: (one friend) First, Last Name _____

Insurance Company Name _____

Phone Number _____ Group/Policy # _____

Primary Physician _____ Phone Number _____

2 Alternate Emergency Contact (outside of household)

Name _____
First Last Preferred

Home Phone _____ Work Phone _____ Cell Phone _____

3 Allergies and Medications

Allergic to: Penicillin Aspirin Bee/Ant Stings Other _____

Type of Reaction: _____ Food Allergies: _____

Shot Records: Current Yes No

Medicinal Information:

State law requires all medicine be given and kept by the camp health personnel. Please attach an additional sheet of paper if needed. All medications must be in the original container.

<u>Medicine</u>	<u>Dosage</u>	<u>When to Administer</u>
_____	_____	_____
_____	_____	_____

4 Statement of Treatment/Medical Release

In case of needed emergency medical treatment, I hereby give permissions to the physician selected by the Executive Director of Glen Lake Camp & Retreat Center to secure treatment for my child. I further authorize Glen Rose Medical Center to release pertinent information to Glen Lake staff for the purpose of parental/guardian notification. I recognize the natural risks of injury or disability inherent in my child's participation in Glen Lake Camp & Retreat Center's recreation program, and hereby assume the risk of injury that could result from these activities not excluding waterfront, water park, zipline and rock climbing wall. I release Glen Lake Camp & Retreat Center, their staff, volunteers, Wyatt Family Partnership, and William and Winnie Wyatt from liability for injury to my child from participation in these and other programs. I give my permission for my child's photo(s) to be utilized at the discretion of Glen Lake, which includes their website. However, I understand no names will be used with the photographs.

Signature of Parent/Guardian

5 Camper Health

Full disclosure of the following information is requested in order for Glen Lake to offer the safest environment for your child. The information is used with discretion by our health personnel and, if deemed necessary, by the volunteers working directly with your child in the cabin. **Any medical or behavioral conditions requiring special conditions/personnel/knowledge, must be discussed personally with the Executive Director prior to registration.**

Suggestions From Parents

My child does NOT have permission to take the following over-the-counter medicines kept at camp.

- Tylenol/Acetaminophen
- Advil/Ibuprofen
- Sudafed/Decongestant
- Benadryl/Antihistamine
- Pepto Bismol
- Tums/Antacid
- Robitussin/Expectorant
- Swimmer's Ear Solution

My daughter has menstruated Yes No
 If not, has she been told what to expect? Yes No

Behavioral Information

- ADD Mild Acute
- ADHD Mild Acute
- on medication: name _____
- off medication for summer

Emotional Challenge

- Bi-Polar Depression Mood Disorder
- Other: please describe: _____
- Homesickness
- Has never/rarely stayed overnight away from home.

6 Camp Choice

(Indicate first and second choice please)

Camp	Grade	Date	Camp Fee
Fall 2010			
— Discovery 1	3-4	June 18-20	\$158
— Discovery 2	3-4	July 16-18	\$158
— Voyager 1	5-6	June 14-18	\$253
— Voyager 2	5-6	July 19-23	\$253
— Voyager 3	5-6	July 26-30	\$253
— Explorer	6-8	June 7-11	\$283
— Navigator	7-8	August 2-6	\$283
— Journey	7-9	June 21-25	\$283
— Pilgrimage 1	9-12	June 28-July 2	\$283
— Pilgrimage 2	9-12	July 12-16	\$283

Specialty Camps

- Bike Camp 7-9 June 21-June 25 \$293
35 camper limit
- Kids Camp 1-2 June 25-June 26 \$114
Kids Camp price includes same gender parent

Please note: DVDs are not available for Discovery, Bike, and Kids Camps.

7 Payment Worksheet

Camp Session Amount \$ _____

Optional:

Group Photo \$5 \$ _____

DVD of the Week \$10 \$ _____

Please note: Weeklong sessions only & no specialty camps

Glen Lake Cash Card \$10, \$20, \$40 \$ _____

Cash Card can be used at the Craft and Camp Stores

Total Due (add up all lines) \$ _____

- Donate extra money left on my GL cash card to the scholarship fund

Payment Options:

First payment (no less than half) is due before March 1st with the 2nd payment due on May 1st. Credit cards will automatically be charged unless GLC is notified.

Payment Types:

Cash \$ _____

Personal Check \$ _____

Church Check \$ _____

Credit Card \$ _____

Discover, MasterCard, or VISA accepted

Account # _____ CSV# _____

The CSV# is located on the back of your credit card

Billing Statement Address w/ zip code: _____

Signature _____

8 Mail or Fax your registration to Glen Lake Camp

Glen Lake Summer Camp
 P.O. Box 928 Glen Rose, Texas 76043
 Fax 254.897.2423 Main 254.897.2247

You will receive confirmation within 10 business days of receipt. If you do not hear from us within this period of time, please contact us to verify your registration has been received. If an email address is given and legible, confirmation documents will be sent via email, please be sure to check your spam filter too.