

# 2021 ENCOUNTER YOUTH CAMP: "LIVING IN 3-D"

Registration Fee(s) **MUST** accompany camp application(s). Fees are transferable, but NOT refundable!

**Camp Dates: July 19-23, 2021      Grades: 3<sup>rd</sup> – 12<sup>th</sup>**

**Cost for all grades: \$175      \$55 Deposit Deadline: Postmarked by July 5<sup>th</sup>, 2021**

Mail To: Attn: GLR CAMP 2021, 17W735 SUITE D BUTTERFIELD RD., OAKBROOK TERRACE, IL 60181

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: M / F      Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade (Going Into Fall 2021): \_\_\_\_\_

\*\*\*Grade Will Be Used to Place Student Into Appropriate Camp \*\*\*

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Pastoral Signature: \_\_\_\_\_ (\*REQUIRED\*)

Roommate Request #1 \_\_\_\_\_

Roommate Request #2 \_\_\_\_\_

**Medical Information:** (Attach Additional Sheet if Necessary)

Allergies \_\_\_\_\_

**Medication(s):**

Prescription: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Prescription: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Prescription: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Primary Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## REQUIRED DROP-OFF / PICK UP INFO:

- Who will drop off your child to camp?  
\_\_\_\_\_
- Who will pick-up your child from camp?  
\_\_\_\_\_
- List 3 people authorized to pick-up your child in an emergency
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

## CAMP T-SHIRT PRE-ORDER

If you wish to order your camper a T-Shirt, please circle size & quantity below

Youth: S    M    L      \$10      Quantity: \_\_\_\_\_

Adult: S    M    L    XL      \$10      Quantity: \_\_\_\_\_

2XL    3XL      \$12.      Quantity: \_\_\_\_\_

Total T-Shirt Order: \$ \_\_\_\_\_

(Please Include T-Shirt Payment with Registration Fee)

## Please List Any Siblings Attending and Grade Level

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand that the COG youth camp maintains a christian standard for conduct and dress, and sign my name promising to submit myself to those standards and those who are in authority over me during my stay.

Camper Signature: \_\_\_\_\_ (\*REQUIRED\*)

## Parental Consent: (Each must be Initialed by Parent or Legal Guardian for Acceptance)

I hereby give permission for my child to participate in any and all activities of the Church of God Youth Camp and waive all claims of injury or loss or property against the leaders of this camp, other participants, Church of God Great Lakes Regional Executive Office & Church of God International Offices. Initials: \_\_\_\_\_ (\*REQUIRED\*)

I understand that the Camp Insurance Policy provides secondary medical coverage, and I provide primary coverage for my child. I accept full responsibility for any and all medical costs: Initials: \_\_\_\_\_ (\*REQUIRED\*)

If I cannot be reached in an emergency situation, the Great Lakes Church God (and any leadership representing this organization) have my permission to permit medical professionals to treat my child. Initials: \_\_\_\_\_ (\*REQUIRED\*)

Parent / Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Parent's Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Parent's Email: \_\_\_\_\_

For Office Use Only:      Postmarked: \_\_\_\_\_      Camp Fee: \$ \_\_\_\_\_      Deposit: \$ \_\_\_\_\_      Balance: \$ \_\_\_\_\_