



# SUMMER CAMP 2016

# glenlake

## CAMPER REGISTRATION FORM

### 1. Camper Information

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

Name \_\_\_\_\_  
 \_\_\_\_\_  
 First Last Preferred First Name for Nametag  
 Female \_\_\_\_\_ Male \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade entering fall 2016 \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Church Name \_\_\_\_\_ Church City \_\_\_\_\_  
 Roommate Request: (one friend) First/Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*\*If you are registering for Trailblazer 1 or 2, please refer to section 6-Camp Choice (on back). 3<sup>rd</sup> and 4<sup>th</sup> graders can request each other and 5<sup>th</sup> and 6<sup>th</sup> graders can request each other in cabins.*  
 Insurance Company Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Group/Policy# \_\_\_\_\_  
 Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**PLEASE NOTE:** Emergency contact must be outside of household.

### 2. Emergency Contact

Name \_\_\_\_\_  
 \_\_\_\_\_  
 First Last  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### 3. Allergies/Medications

Allergic to:  Penicillin  Aspirin  Bee/Ant Stings  Other \_\_\_\_\_  
 Type of reaction: \_\_\_\_\_  
 Shot records current as per camper's local school district:  Yes  No

**Medical Information:** State law requires all medicine be given and kept by the camp health personnel. All medications must be in the original container or packaging and only have the necessary dosage for the week. Please attach an additional sheet of paper if needed.

**Please list medicine, dosage, and time to administer.**

\_\_\_\_\_  
 \_\_\_\_\_

### 4. Statement of Treatment/Medical Release

In case of needed emergency medical treatment, I hereby give permission to the physicians selected by the Executive Director of Glen Lake Camp & Retreat Center (Glen Lake Camp) or his/her designee to secure treatment for my child. I further authorize Glen Rose Medical Center and all other medical facilities providing treatment to release pertinent information to Glen Lake Camp 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'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, Wyatt Family Partnership, William and Winnie Wyatt, the Central Texas Conference of the United Methodist Church and the employees and volunteers of all such entities 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 Camp which includes their website. However, I understand no name 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 staff members 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 by direction of the camp's designated health personnel.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Tylenol/ Acetaminophen | <input type="checkbox"/> Advil/Ibuprofen | <input type="checkbox"/> Sudafed/Decongestant   | <input type="checkbox"/> Benadryl/Antihistamine |
| <input type="checkbox"/> Pepto Bismol           | <input type="checkbox"/> Tums/Antacid    | <input type="checkbox"/> Robitussin/Expectorant | <input type="checkbox"/> Swimmer's Ear Solution |

My daughter has menstruated \_\_\_\_ Yes \_\_\_\_ No

If not, has she been told what to expect? \_\_\_\_ Yes \_\_\_\_ No

Has your child experienced, or currently experiencing Lice? \_\_\_\_ Yes \_\_\_\_ No If yes, when was the last date of treatment? \_\_\_\_ / \_\_\_\_

### Behavioral Information:

- |                               |                               |                                |  |  |
|-------------------------------|-------------------------------|--------------------------------|--|--|
| <input type="checkbox"/> ADD  | <input type="checkbox"/> Mild | <input type="checkbox"/> Acute | <input type="checkbox"/> On medication: Name _____ | <input type="checkbox"/> Off Medication for summer |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Mild | <input type="checkbox"/> Acute | <input type="checkbox"/> On medication: Name _____ | <input type="checkbox"/> 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

Please indicate first and second choice.

CAMP	GRADE	DATE	FEE
<input type="checkbox"/> Family Camp 1	K-3rd w/family	June 10-12	\$100 each
<input type="checkbox"/> Trailblazer 1	3,4,5,& 6 <sup>th</sup> grade	June 19-24	\$375
<input type="checkbox"/> Expedition 1	6, 7, 8 <sup>th</sup> grade	June 26-July 1	\$375
<input type="checkbox"/> Pathfinder	9,10,11,12,13 <sup>th</sup>	July 3-8	\$375

CAMP	GRADE	DATE	FEE
<input type="checkbox"/> Expedition 2	6, 7, 8 <sup>th</sup> grade	July 10-15	\$375
<input type="checkbox"/> Trailblazer 2	3,4,5,& 6 <sup>th</sup> grade	July 17-22	\$375
<input type="checkbox"/> Trek	2,3,4 <sup>th</sup> grade	July 24-26	\$150
<input type="checkbox"/> Family Camp 2	K-3 <sup>rd</sup> w/family	July 24-26	\$100 each

Camp choice should be for the grade the camper will be starting in fall of 2016. Family Camp is \$100 per family member attending Family Camp.

**NOTE:** If you are registering for **Trailblazer 1 or 2**, 3<sup>rd</sup> and 4<sup>th</sup> graders can request each other and 5<sup>th</sup> and 6<sup>th</sup> graders can request each other.

## 7. Payment Options

*Super Early Bird receives \$25 OFF registration if registered and paid in full by February 1<sup>st</sup>. Early Bird receives \$10 OFF registration if registered and paid in full by March 1<sup>st</sup>.*

Camp Session Amount	\$ _____
Super Early or Early Bird Discount (-\$25 or -\$10)	\$ _____
<i>Optional:</i>	
Group Photo	\$5 \$ _____
Camper Cash Account	\$10, \$20, \$40 \$ _____
Hugs from Home	\$25 \$ _____
<b>TOTAL DUE</b>	<b>\$ _____</b>

Donate extra money left on my cash card to the scholarship fund. Cash Cards are cashed out before camp dismissal. **Balances less than \$1.00 will automatically be donated (.99 - .01).**

**PAYMENT PLAN:** \$75.00 deposit is due before March 1<sup>st</sup> with the remaining balance split into 2 payments due on April 15<sup>th</sup> and May 15<sup>th</sup>. Credit cards will automatically be charged unless GLC is notified.

### Payment Types:

Cash	\$ _____
Personal Check	\$ _____
Church Check	\$ _____
Credit Card	\$ _____
* VISA, Mastercard, and Discover accepted	

### Credit Card Information:

Account # \_\_\_\_\_  
 CSV# \_\_\_\_\_ (CSV# is located on the back of your CC)  
 Expiration Date \_\_\_\_\_  
 Billing Statement Address w/ zip code: \_\_\_\_\_

Signature \_\_\_\_\_

## GLEN LAKE CAMP AND RETREAT CENTER

1102 NE Barnard Street, Glen Rose, TX 76043 • Fax 1.866.563.7138 • Main 254.897.2247

You will receive confirmation within 10 business days of receipt. Please add [register@glenlake.org](mailto:register@glenlake.org) to your email address book to ensure electronic delivery.

