

# SUMMER CAMP



**glenlake**  
Camp & Retreat Center

## 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 Name tag

Female \_\_\_\_ Male \_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Grade **entering** Fall 2018 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 1 Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 2 Email \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Roommate Request: (one camper request) First, Last Name \_\_\_\_\_

ROOMMATE REQUEST: Glen Lake will attempt to fulfill 1 roommate request per camper. List the name of 1 camper roommate request. This is NOT a guarantee for cabin assignments. **\*\*IF REGISTERING FOR TRAILBLAZER 1 OR TRAILBLAZER 2 PLEASE NOTE:** Glen Lake strives to do our very best to accommodate your roommate requests. In an effort to make the most of our cabin time and small group times, we will only be able to honor roommate requests if the campers are both in 3rd-4th grade or if the campers are both in 5th-6th grade. We will not be able to honor requests to put 5th-6th grade campers with 3rd-4th grade campers. All Trailblazer campers will have time to interact throughout the day during camp.

Insurance Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Group/Policy# \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you hear about Glen Lake Camp? (Circle One) Friend Church Relation Social Media Alumni Featured Speaker  
Family Billboard Yard Sign Former Staffer Returning camper

### 2. 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.**

#### Information 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 Advil | <input type="checkbox"/> 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 |

Has your child experienced or is currently experiencing any of the following conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Homesickness                           |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Head Lice                              |
| <input type="checkbox"/> Bed Wetting       | <input type="checkbox"/> Menstrual concerns                     |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Mental Health concerns                 |
| <input type="checkbox"/> Depression        | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Ear Infections    | <input type="checkbox"/> Stomach problems/Diarrhea/Constipation |
| <input type="checkbox"/> Hay-Fever         |   |

If Yes to any of the above, please explain \_\_\_\_\_

## 2. CAMPER HEALTH CONT.

Allergic to:  Penicillin  Aspirin  Bee/Ant Stings  Other \_\_\_\_\_

Type of Reaction: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Does your child require an EpiPen? Yes No.

Does your child have any dietary restrictions? Yes No If yes, please explain \_\_\_\_\_

Has your child been exposed to a communicable disease in the last 3 months? Yes No If yes, please explain \_\_\_\_\_

Does your child have any restrictions on activities? Yes No If yes, please explain \_\_\_\_\_

Will your child require any special assistance while at camp? Yes No If yes, please explain \_\_\_\_\_

Shot Records Current as per camper's local school district: Yes No

Date of most recent Tetanus immunization \_\_\_\_\_

## 3. MEDICATION

### Medication Information:

Please list medicine, dosage, and time to administer. State law requires ALL medicine be given and kept by the camp health personnel. All medication must be in the original container(s) and **only** have the **necessary dosage for the week**.

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## 4. EMERGENCY CONTACT (OUTSIDE OF HOUSEHOLD)

Name \_\_\_\_\_  
First Last

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## 5. 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 and other marketing materials. However, I understand no name will be used with the photographs.

\_\_\_\_\_  
Signature of Parent/Guardian

## 6. CAMP CHOICE Indicate first and second choice please

MARK	CAMP	GRADE	DATE	FEE	MARK	CAMP	GRADE	DATE	FEE
	Family Camp 1	K-3rd w/family	June 8-10	\$100 each		Expedition 2	6,7,8 grade	July 8-13	\$375
	Trailblazer 1	3,4,5,6 grade	June 17-22	\$375		Trailblazer 2	3,4,5,6 grade	July 15-20	\$375
	Expedition 1	6,7,8 grade	June 24-29	\$375		Trek	1,2,3 grade	July 20-22	\$160
	Pathfinder	9,10,11,12,13 grade	July 1-6	\$375		Family Camp 2	K-3rd w/family	July 22-24	\$100 each

Please Note: Camp choice should be for the grade the camper will be **starting in the Fall of 2018**. Family Camp is \$100 per family member attending Family Camp.

## 7. PAYMENT WORKSHEET

Camp Session Amount \$ \_\_\_\_\_

*Optional:*

Cabin Photo \$5 \$ \_\_\_\_\_

Camper Cash Account \$10, \$20, \$40 \$ \_\_\_\_\_

Hugs from Home \$25 \$ \_\_\_\_\_

Donation to Scholarship Fund \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

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.**

### Payment Options:

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

### Payment Types:

Cash \$ \_\_\_\_\_

Personal Check \$ \_\_\_\_\_

Church Check \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_

Discover, Mastercard, Visa accepted

### Credit Card Information:

Account # \_\_\_\_\_

CSV# \_\_\_\_\_ (CSV# is located on the back of your CC)

Expiration Date \_\_\_\_\_

Billing Statement Address w/ zip code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

PO Box 928 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 to your email address book to ensure electronic delivery.



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