

# 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"/> Behavioural 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"/> Hayfever           |   |

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

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

## 7. PAYMENT WORKSHEET

Glen Lake Camp is offering a voluntary three level program for Summer Camp pricing in order to cover the increase in operational costs of camp. Glen Lake has not increased the price of camp in 5 summers. The new program allows families to choose the most suitable level and makes it possible for Glen Lake to share the summer camp experience with as many children and youth as possible. Families select the level of payment most appropriate for their circumstances. All families will receive the same Glen Lake Camp experience no matter the level chosen.

- SUBSIDIZED LEVEL** is a partially subsidized price and covers only a portion of the true cost of operating Glen Lake Camp site and programs. This price is subsidized by generous donations from individuals and organizations to continue our camping ministry. This price is the same charged for camp for the last five years.
- SUSTAIN LEVEL** is for those who can only afford the direct cost of a week of summer camp including program costs, meals, and summer staff salary.
- SUPPORT LEVEL** covers the true cost of camp including all aspects of occupancy costs, insurance, administrative staff, and more. If you can afford to pay at this level, please do.

Again, the program is voluntary. The pricing option a family chooses remains confidential and in no way influences the experiences or services the camper receives. It offers the opportunity for families to take an active role in supporting the actual cost of their child's camp experience and ministry of Glen Lake Camp. Additional financial assistance is available in the form of scholarships if the Subsidized Level price exceeds a family's ability to pay for camp. The scholarship application deadline is May 1st. Information can be requested by emailing [amanda@glenlake.org](mailto:amanda@glenlake.org).

|                 | <b>Subsidized</b> | <b>Sustain</b> | <b>Support</b> |
|-----------------|-------------------|----------------|----------------|
| Weeklong Camp   | 375.00            | 400.00         | 425.00         |
| Trek (2 nights) | 160.00            | 180.00         | 200.00         |
| Family Camp     | 110.00            | 150.00         | 175.00         |

### Charge Summary:

|                     |                  |                 |
|---------------------|------------------|-----------------|
| Camp Session Amount |                  | \$ _____        |
| <i>Optional:</i>    |                  |                 |
| Cabin 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.**

### 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](mailto:register@glenlake.org) to your email address book to ensure electronic delivery.

