

2021 Registration Form Gospel Light Christian Camp



Name _____

Age _____ Date of Birth ____/____/____

Grade Sept. 2021 _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-Mail _____

Check if you would like to receive updates regarding camp

Church Name _____

City _____ State _____

Pastor _____

Male Camper
 Female Camper
 Male Sponsor
 Female Sponsor

Junior
 Teen

Friday Attending

June 18

June 25

July 2

July 9

July 16

July 23

Office Use Only

Paid \$ _____

Grade Level Breakdown:

Juniors: Grades 4-7 & be age 9 by Sept. 2021

Teens: Grades 7-12 & be age 12 by Sept. 2021

Early registration is highly encouraged due to Covid restrictions limiting the number allowed to attend.
 Contact Info: Gospel Light Christian Camp
 P.O. Box 38 - Walkertown, NC 27051
 Phone (336) 722-9700 Fax (336) 722-5189

Signature Required for application

"I have read the General information brochure and I agree to the rules of conduct and dress standards while at camp."

Signature of camper

"I have read the general information page and I support Gospel Light Christian Camp in its conduct and dress codes for my child while at camp. I give permission for my child to be treated for any emergency medical conditions that may arise in the event I cannot be reached. I agree to the release of any medical records for treatment, or insurances purposes. I affirm that the medical information on this form to be complete and correct. I also give my permission for the camper to be included in any photo, recordings, or any other transmission or reproduction for the purpose of camp publicity."

Signature of parent or guardian

Father's Name _____

Phone (____) _____ E-mail _____
 CELL HOME

Address _____

City _____ State _____ Zip _____

Mother's Name _____

Phone (____) _____ E-mail _____
 CELL HOME

Address _____

City _____ State _____ Zip _____

To register please pay by cash or check along with this form:

First time 2021 camper \$30

Returning 2021 camper \$25 Sponsor \$15

REQUIRED MEDICAL INFORMATION

Camper's doctor _____

Phone (____) _____

Immunization record: Each camper must be immunized against polio, measles, mumps, rubella, diphtheria, tetanus, whooping cough.

Date of last tetanus shot _____

Medication taken regularly and reasons for them _____

Specific Allergies

Medications _____

Insects _____

Food _____

Other _____

Allergic reaction _____

Treatment given _____

Preexisting Medical Conditions _____

Specific Activities to be restricted _____

Reasons for restrictions _____
