

2010 Camp Grace Registration Form

A \$30 non-refundable deposit fee is due with this registration form. Please make all checks payable to Camp Grace. Refunds will be given up to July 1st. The remaining balance is due no later than the first day of camp. **Please print legibly. Please send registration form and payment to: Camp Grace, 1302 Parkside Drive, Marshall, MN 56258**

Camper (last) _____ (first) _____ Birth date ____/____/____ Gender M / F
 Cabin mate requests _____ Age _____

PARENT/GUARDIAN

Name (s) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Pastor's Name _____ Church Phone _____
 Home Church _____ Address _____

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|---|-------------------|-------------------|----------------|-------|
| <input type="checkbox"/> Teen Camp | Ages 14-18 | July 19-23 | \$90.00 | _____ |
| <input type="checkbox"/> Junior Camp | Ages 8-11 | July 26-29 | \$85.00 | _____ |
| <input type="checkbox"/> Intermediate Camp | Ages 12-14 | Aug 2-6 | \$90.00 | _____ |

\$30.00 must be included with registration form (deposit fee), remainder can be paid at check in.

Canteen Amount	_____
Offering for Missions	_____
Donation	_____
T-Shirt (Form must be received July 1st)	\$10.00
TOTAL AMOUNT	_____

If you register by July 1st you will receive the early bird discount of \$10.00.

***Based on availability, walk-ins are not guaranteed registration.**

If financial assistance is needed, please send email to mail@campgraceamf.com.

Shirts are ordered at the start of July, if form is not received by July 1st it is likely a t-shirt will not be available.

Capacity of camp is limited so please register early!!!

T-Shirt Order Form

Name _____

Youth Sizes M _____ L _____ XL _____

Adult Sizes S _____ M _____ L _____ XL _____ XXL _____

Prepaid shirts will be reserved for you in the requested size.
 Any remaining shirts will be sold on a first come first serve basis.

(over)

MEDICAL FORM

HEALTH INFORMATION

Insurance Company

Policy Number or SSN

Insurance Company, Address, City, State, Zip

Insurance Company Telephone

Insurer's Name

ALL PRESCRIPTION MEDICINES NEED TO BE BROUGHT IN ORIGINAL PHARMACY CONTAINER WITH IDENTIFYING LABEL WHEN ARRIVING FOR CAMP. All MEDICATIONS MUST BE TURNED IN TO THE CAMP NURSE

HEALTH HISTORY

Yes	No	
		Sleep on top bunk
		Bed Wetting
		Shots Current
		DPT/Tetanus: must be current
		MMR: must be current
		Epilepsy/convulsions
		Ear Trouble
		Digestive/Bowel trouble
		Asthma/hay fever
		Heart trouble
		Special diet needs
		Allergies to any medications

Medications: _____

Medications brought by campers must be placed in a zip-lock bag in the original container with the camper's name and instructions clearly marked on the bag.

Yes/No Camper staff may give Tylenol or non-aspirin product as needed for headache or pain?

Yes/No Camp staff may use calamine lotion for bug bites or antibiotic ointment and/or hydrogen peroxide as needed for cuts, burns, etc?

1. I understand that every effort will be made to protect and safeguard all campers. I agree not to Hold Camp Grace liable for any illness or mishap from any cause whatsoever which may be sustained. I give permission for my child to participate in camp Grace sponsored events which may be hold on/off the immediate camp grounds. I also give the camp full authority in dealing with problems of discipline. I agree that any camper disregarding camp rules is subject to being sent home with no refund of camp fees. Likewise any camper who willfully destroys or defaces property will be held responsible and charged accordingly.
2. I request that in the event of an emergency, my child be taken (by ambulance if deemed necessary) to the nearest doctor or hospital for examination and/or treatment and I will be notified immediately. I understand that Camp Grace is not responsible for any medical expenses not covered by my insurance, including ambulance expenses.
3. I give my permission for the use of the camper photograph to be used for camp promotion including , but not limited to, photo CD and DVD, camp brochures and web site.

Parent/Guardian Signature _____

As a camper at Camp Grace I promise to obey the rules and fully participate in the camp program.

Camper Signature _____