

2024 GLR YOUTH CAMP: "IN REAL LIFE"

CAMP HICKORY: 26202 Nippersink Rd, Ingleside, IL 60041

Registration Fee(s) **MUST** accompany camp application(s). Fees are transferable, but NOT refundable!

Camp Dates: June 17-21, 2024 Grades: 3rd – 12th

Cost for all grades: \$225 \$55 Deposit Deadline: Postmarked by June 1st, 2024

Mail To: Attn: GLR CAMP 2024, 17W735 SUITE D BUTTERFIELD RD., OAKBROOK TERRACE, IL 60181

<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ St. _____ Zip: _____</p> <p>Gender: M / F Birthdate: ___ / ___ / _____</p> <p>Grade (Going Into Fall 2024): _____ <small>***Grade Will Be Used to Place Student Into Appropriate Camp ***</small></p> <p>Church _____ Pastor _____</p> <p>Pastoral Signature: _____ (*REQUIRED*)</p> <p>Roommate Request #1 _____</p> <p>Roommate Request #2 _____</p> <p style="text-align: center;">CAMP T-SHIRT (circle appropriate size)</p> <p>Youth : S M L Adult: S M L XL 2XL 3XL</p>	<p style="text-align: center;">REQUIRED DROP-OFF / PICK UP INFO:</p> <p>1. Who will drop off your child to camp? _____</p> <p>2. Who will pick-up your child from camp? _____</p> <p>3. List 3 people authorized to pick-up your child in an emergency</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p style="text-align: center;">Please List Any Siblings Attending and Grade Level</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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<p>Medical Information:</p> <p>Please List Any Allergies that Your Student May Have:</p> <p>Allergy: _____</p> <p>Allergy: _____</p> <p>Family Doctor: _____ Phone: (____) _____ - _____</p> <p>Primary Insurance Co.: _____</p> <p>Policy #: _____ Group #: _____</p>	<p>Please List Any Medications that Your Student Requires:</p> <p>Prescription: _____ Purpose: _____</p> <p>Dose: _____ Frequency: _____</p> <p>Prescription: _____ Purpose: _____</p> <p>Dose: _____ Frequency: _____</p> <p>Prescription: _____ Purpose: _____</p> <p>Dose: _____ Frequency: _____</p> <p>(Please Attach an Additional Sheet if Necessary)</p>
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I understand that the COG youth camp maintains a Christian standard for conduct and dress, and sign my name promising to submit myself to those standards and those who are in authority over me during my stay.

Camper Signature: _____ (*REQUIRED*)

Parental Consent: (Each must be Initialed by Parent or Legal Guardian for Acceptance)

*I hereby give permission for my child to participate in any and all activities of the Church of God Youth Camp and waive all claims of injury or loss or property against the leaders of this camp, other participants, Church of God Great Lakes Regional Executive Office & Church of God International Offices. Initials: _____ (*REQUIRED*)*

*I understand that the Camp Insurance Policy provides secondary medical coverage, and I provide primary coverage for my child. I accept full responsibility for any and all medical costs: Initials: _____ (*REQUIRED*)*

*If I cannot be reached in an emergency situation, the Great Lakes Church God (and any leadership representing this organization) have my permission to permit medical professionals to treat my child. Initials: _____ (*REQUIRED*)*

Parent / Guardian Signature: _____ **Print:** _____

Parent's Cell: (____) _____ - _____ **Parent's Email:** _____

For Office Use Only: Postmarked: _____ Camp Fee: \$ _____ Deposit: \$ _____ Balance: \$ _____