

2022 GLR YOUTH CAMP: "OUTNUMBERED"

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

Camp Dates: July 18-22, 2022 Grades: 3rd – 12th

Cost for all grades: \$190 \$55 Deposit Deadline: Postmarked by July 1st, 2022

Mail To: Attn: GLR CAMP 2022, 17W735 SUITE D BUTTERFIELD RD., OAKBROOK TERRACE, IL 60181

Name: _____

Address: _____

City: _____ St. _____ Zip: _____

Gender: M / F Birthdate: ____ / ____ / _____

Grade (Going Into Fall 2021): _____
Grade Will Be Used to Place Student Into Appropriate Camp

Church _____ Pastor _____

Pastoral Signature: _____ (*REQUIRED*)

Roommate Request #1 _____

Roommate Request #2 _____

REQUIRED DROP-OFF / PICK UP INFO:

1. Who will drop off your child to camp?

2. Who will pick-up your child from camp?

3. List 3 people authorized to pick-up your child in an emergency
 1. _____
 2. _____
 3. _____

Medical Information: (Attach Additional Sheet if Necessary)

Allergies _____

Medication(s):

Prescription: _____ Purpose: _____
 Dose: _____ Frequency: _____

Prescription: _____ Purpose: _____
 Dose: _____ Frequency: _____

Prescription: _____ Purpose: _____
 Dose: _____ Frequency: _____

Family Doctor: _____ Phone: (____) ____ - _____

Primary Insurance Co.: _____

Policy #: _____ Group #: _____

CAMP T-SHIRT PRE-ORDER

If you wish to order your camper a T-Shirt, please circle size & quantity below

| | | | | | | |
|--------|-----|-----|---|----|-------|-----------------|
| Youth: | S | M | L | | \$10 | Quantity: _____ |
| Adult: | S | M | L | XL | \$10 | Quantity: _____ |
| | 2XL | 3XL | | | \$12. | Quantity: _____ |

Total T-Shirt Order: \$ _____

(Please Include T-Shirt Payment with Registration Fee)

Please List Any Siblings Attending and Grade Level

1. _____
2. _____
3. _____

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: \$ _____ |
|-----------------------------|-------------------|--------------------|-------------------|-------------------|