

SUMMER CAMP

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 2022 _____

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 _____

My Church Can Know I Have Registered (Circle One). YES NO (leave blank if you do not attend church)

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 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 currently experiencing any of the following conditions: Please list reason below:

- | | |
|--|---|
| <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"/> Behavioral 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 CONTINUED

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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**.

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

Indicate first and second choice please

MARK	CAMP	GRADE	DATE	PRICE
	Family Camp	All Ages (must have K-3 grade)	September 2-4	\$137.00/per person
	Trailblazer	3,4,5,6 grade	June 12-17	\$465.00
	Trailblazer	3,4,5,6 grade	June 19-24	\$465.00
	Trailblazer	3,4,5,6 grade	July 10-15	\$465.00
	Trailblazer	3,4,5,6 grade	July 17-22	\$465.00

MARK	CAMP	GRADE	DATE	PRICE
	Trek	1,2, 3 grade	July 17-19	\$197.00
	Expedition	6,7,8 grade	June 12-17	\$465.00
	Expedition	6,7,8 grade	June 19-24	\$465.00
	Expedition	7,8 grade	July 3-8	\$465.00
	Pathfinder	9,10,11,12,13 grade	July 3-8	\$465.00

Please Note: Camp choice should be for the grade the camper will be **starting in the Fall of 2022**. Family Camp's price is per family member attending.

7. PAYMENT WORKSHEET

Camp Pricing

Weeklong Camp • \$465.00

Trek Camp • \$197.00

Family Camp • \$137.00/per family member

Charge Summary:

Camp Session Amount \$ _____

Optional:

Camper Cash Account \$10, \$20, \$40 \$ _____

No Camper Cash Account with Family Camp

TOTAL DUE \$ _____

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 3 payments due on March 15th, 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

A Credit Card Surcharge of 2.5% will be added to your total if you choose to use Credit Card to Pay.

ACH is available at no additional surcharge by calling Camp Office.

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

Main 254.897.2247

You will receive confirmation within 10 business days of receipt. Please add register@glenlake.org to your email address book to ensure electronic delivery.



glenlake
Camp & Retreat Center