



2010 Camper Registration Form

Office Use Only - Date Received: _____

CAMPER INFORMATION

Last Name _____ First Name _____
 Address _____ City _____
 State/Prov. _____ Zip/Postal Code _____
 Phone Number (____) _____ Birth date ____/____/____
 Grade in fall 2010 _____ T-shirt size (adult sizes only) _____
 E-mail address: _____

CABIN MATE PREFERENCE

Name _____

**You may sign up with one other girl. Both forms must identify the same cabin mate preference to be valid.*

CHURCH INFORMATION

Church Name _____ Denomination _____
 Address _____ City _____
 State/Prov. _____ Zip/Postal Code _____
 Phone Number (____) _____

PARENT/GUARDIAN INFORMATION

Full Name _____
 Address _____ City _____
 State/Prov. _____ Zip/Postal Code _____
 Phone Number: Home (____) _____ Work (____) _____
 Email Address _____

Spouse's Full Name _____
 Address _____ City _____
 State/Prov. _____ Zip/Postal Code _____
 Phone Number: Home (____) _____ Work (____) _____
 Email Address _____

EMERGENCY NUMBER

If parent/guardian not available, in case of emergency, please notify:

Name: _____ Phone Number (____) _____

TRANSPORTATION

Method of arrival: car _____ bus _____ train _____ air _____

If enough interest exists, affordable group transportation – buses - will be arranged from areas where larger concentrations of girls attending the camp reside – Southern Ontario and Grand Rapids, MI. Please check the website after January 20 for additional information.

MEDICAL INFORMATION - A photocopy of insurance/health card MUST accompany this registration.

US Camper

Family Doctor _____
 Phone Number (____) _____
 Insurance Co. _____
 Policy Number _____
 Group Number _____

Canadian Camper

Family Doctor _____
 Phone Number (____) _____
 Canadian Health Card # _____

Special Conditions (Please check all that apply)

- Shortness of breath
- Eczema, skin rashes
- Convulsions, seizures
- Heart trouble
- Menstrual problems
- History of bleeding
- Sleepwalking
- Frequent earaches, sore throats
- Trouble passing urine
- Speech problems
- Hayfever, asthma, wheezing
- Diabetes
- Bedwetting
- Other _____

Usual treatment for condition(s) _____

ALLERGIES: _____

(Plant, Food, Insect, Medication etc.) List allergy and treatment.

IMMUNIZATION DATES (MM/YY): _____ tetanus _____ polio _____ measles _____ mumps _____ hepatitis B

* *Tetanus shot must have been received within the last 10 years. If not, please update this.*

***MUST include dates with immunizations*

MEDICATIONS: **all medications must be in original container.* List all medications camper is bringing to camp.

Name of Medication _____ Dosage _____ Frequency _____ Purpose _____

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SPECIAL DIETARY REQUIREMENTS: _____

ADDITIONAL HEALTH/MEDICAL/SPECIAL CARE NEEDS: *Please be specific* _____

Upon arrival, ALL medication must be turned in to the Camp Nurse. Prescription medicine must be sent in original prescription bottle with dosage instructions. The Nurse has most over-the-counter medications. Please do NOT send over-the-counter medications unless your child has an allergy to commonly used medications. If you send any, send them in their original container along with usage instructions.

If your child uses an inhaler, does she have your permission to carry it rather than turn it in to the Nurse? _____

If your child is exposed to any infectious conditions in the two weeks before camp, please notify The GEMS Service Center.

MODEST DRESS POLICY

All campers agree to adopt a "modest" dress policy for all activities. **Only one piece bathing suits are allowed.**

Campers bringing two piece suits will be required to wear t-shirts over their suits for all water-related activities.

PAYMENT METHOD *Please enclose payment with this Registration Form.*

- Check
- Credit Card Credit card # _____ Money Order/Cashier's Check
- Visa _____ MC _____ Discover _____ Expiration Date _____

_____ Registration Fee: \$385 **US currency only** _____ TOTAL

PARENTAL PERMISSION

I hereby grant my permission for the Camp Director, Assistant Director, Camp Nurse, or other staff person to obtain the necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct. I also give permission for my daughter to be photographed for use in camp and GEMS related promotional materials.

Parent/Guardian Signature: _____ Date: ____/____/____

Registrations will be accepted January 4, 2010 through May 1, 2010. The maximum number of participants for the camp is 180. Registrations will be processed on a first-come, first-served basis with preference given to girls registered for 2009 camp.

Registration fees are NOT transferable. If a registration must be cancelled for any reason, the cancellation must be submitted in writing to the GEMS Executive Board. If the cancellation is submitted in writing before the May 1 deadline, AND there is appropriate due cause for the cancellation, one half of the registration fee will be refunded. If cancellation occurs after the May 1 deadline or appropriate due cause is not found by the GEMS Executive Board, no refund will be made.

Please mail this form, a photocopy of insurance/health card, and payment in full to:
GEMS Girls' Clubs, Get Connected! Camp, Box 7259, Grand Rapids, MI, 49510 USA. Thank you!