

Registration form

STUDENT'S FULL NAME

ADDRESS

PHONE

GRADE

MALE / FEMALE

STUDENT EMAIL

PARENT'S EMAIL

Are you coming with a friend? If so, what is their full name?

Included is my payment via:

- Cash
- Check # _____

(Make checks payable to Glenwood Community Church)



Summer camp is coming!

Get ready for an adventure filled week of camping, swimming, hiking, canoeing, hanging out on the beach and playing crazy camp games. You can count on coming away from this trip with a deeper relationship with God as well as deeper friendships with other people!



When is it?

Luggage drop-off: Sunday, July 22,
Noon-1:30 pm

Meet at GCC: Monday, July 23 @ 12:30 pm
(Bring a sack lunch)

Arriving back: Thursday, July 26th @ 4:00 pm

How much is it?

\$65

(Scholarships available, contact Andrew Zegan for more information)

Contact Information

Andrew Zegan
Director of Middle School Ministries

(360) 571-3300

azegan@glenwoodcc.org

What should I bring?

Bible, pen, notebook.

Appropriate summer clothing, sleeping bag, pillow, sleeping mat, sandals, shoes for playing/hiking, toiletries, towel, flashlight, hat, sunscreen, towel, sunglasses, waterproof raincoat or poncho. Please also bring a tent if you have one.

What should I not bring?

Please do not bring: any electronic devices such as iPods or cellphones. As well as firearms, illegal drugs, tobacco, alcohol or other controlled substances.



MEDICAL RELEASE FORM

I hereby give my consent for my son/daughter to attend the Summer Camp sponsored by Glenwood Community Church. Unless otherwise noted, I approve of his/her participation in all the activities connected with this camp, including transportation to and from the camp. I furthermore authorize the official leaders of the camp to stand in my stead in authorizing needed medical treatment in case of an emergency. Reasonable effort shall be made to contact me prior to the exercise of such authority.

PARENT/GUARDIAN FULL NAME

ADDRESS

PHONE

SECONDARY CONTACT

SECONDARY CONTACT PHONE

I agree to use my own medical insurance as primary coverage in the event of any medical treatment.

Insurance Carrier: _____

Policy/Subscriber Number: _____

Name of Insured: _____

Allergies and/or medical information:
(attach additional information as necessary)

I also recognize that if my child behaves in an inappropriate manner, the leaders of this activity may call and request that I make arrangements for my student to return home at my expense.

PARENT SIGNATURE

DATE