RESIDENT CAMP APPLICATION GOOd News



Please answer all questions and return your application to office@campgoodnews.org or Camp Good News, P.O. Box: 1295, Forestdale, MA 02644, USA

LAST NAME	FIRST NAME	MIDDLE NAME
TODAY'S DATE MA	LE FEMALE DATE OF BIRTH	AGE WHILE AT CAMP
Applicant Mailing or Physical Address		
ADDRESS		
		Please download or attach
CITY	STATE	a photo of the applicant.
ZIP COUNT	'RY	
EMAIL		Note: Upload photos only in PDF format.
Applicant Other Information		
GRADE	BIRTH PLACE CHU	RCH AFFILIATION
Choose following Sessions (Multiple selection can be made) FULL SEASON (7 WEEKS) JUNE 25 - AUG 12: \$4,500 SESSION 2 (3 WEEKS) JULY 23 - AUG 12: \$2,000 SESSION 1 (4 WEEKS) JUNE 25 - JULY 22: \$2,500 SESSION 2 (1 WEEKS) JULY 23 - JULY 29: \$700 SESSION 1 (2 WEEKS) JUNE 25 - JULY 8: \$1,400 SESSION 2 (1 WEEKS) AUG 6 - AUG 12: \$700		
Parent's or Guardian's Inform MOTHER OR GUARDIAN	ation	
LAST NAME	FIRST NAME	
HOME #	CELL # WORK #	
EMAIL	OCCUPATION	
FATHER OR GUARDIAN —		
LAST NAME	FIRST NAME	
HOME #	CELL# WORK#	
EMAIL	OCCUPATION	

Emergency Contact Person LAST NAME FIRST NAME RELATIONSHIP HOME # CELL# **EMAIL Applicant Miscellaneous Information** HOW DID YOU HEAR ABOUT CAMP GOOD NEWS? IS THE APPLICANT A RETURNING CAMPER? IN WHICH THREE SKILLS IS THE APPLICANT PARTICULARLY INTERESTED IN? YES NO T-SHIRT SIZE **ADULT** CHILD **SMALL SMALL** DOES THE CAMPER HAVE ANY ALLERGIES TO FOOD OR MEDICINES? IF YES. PLEASE DESCRIBE. **MEDIUM MEDIUM** YES NO LARGE LARGE HAS YOUR CHILD BEEN TO COUNSELING? YES NO IF YES, FOR HOW LONG? MONTHS. YES NO IF YES. PLEASE DESCRIBE. IS THE CAMPER TAKING ANY PRESCRIBED MEDICATION? MY CHILD WILL ARRIVE BY: **PLANE** CAR **TRAIN** PLEASE LIST THE OTHER MEMBERS OF THE TRAVEL GROUP MY CHILD WILL LEAVE BY: **PLANE** CAR **TRAIN** Parents or guardians must read the following agreement before signing. By signing this application, I/we the parent or guardian agree to have condition or resulting from his or her participation in any activities our camper medically examined within 24 months with an update if and/or the use of equipment and/or facilities. I understand that Camp indicated. My/our child has not been exposed or currently has a Good News is not responsible for personal items lost or stolen while communicable disease. I will bring any special concerns, medical or program participants are using the facilities or are on the premises. otherwise, about my child to the attention of the CGN director before or during registration. In the event the applicant is dismissed or voluntarily withdraws from the camp, I/we will nor expect or demand any refund. I understand that the Permission is given to use camp pictures in which the applicant may director reserves the right to dismiss a camper when in her judgment appear in Camp Good News newsletters, website or other publications. the camper's behavior interferes with the rights of others, the smooth I/we agree to allow my/our child to be transported by Camp Good News functioning of the program, or violates the camp's conduct policy. for local day trips that would include local bicycle paths, beach, sailing, kayaking or ice cream trips under staff supervision. In case of a medical emergency, if the parent or guardian can not be located, I/we hereby give permission to the physician selected by the I give my child permission to participate in all planned camp activities. I camp director to treat, hospitalize, operate, and secure treatment understand that Camp Good News assumes no responsibility for injuries including anesthesia and surgery for my/our child as named above. or illnesses, which my child may sustain as a result of his or her physical **Signatures**

DATE

RELATIONSHIP

GUARDIAN'S SIGNATURE

DO YOU WANT YOUR CHILD'S CONTACT INFORMATION TO BE GIVEN OUT TO HIS/HER FRIENDS? YES NO			
DO YOU WANT TO RECEIVE CGN E-NEWSLETTER BY EMAIL ADDRESS? YES NO			
School Information NAME OF SCHOOL COUNSELOR OR PRINCIPAL SCHOOL ADDRESS SCHOOL ADDRESS			
POLICY NAME NUMBER			
Payment Information			
CARD #			
PAYMENT TYPE VISA MASTERCARD CHECK EXP. DATE CCV			
Parent/Guardian Information Letter We are really looking forward to working with all the campers attending Camp Good News this year. Please provide the following optional information:			
THIS IS OUR CAMPER'S SUMMER AT CAMP GOOD NEWS. IS YOUR CAMPER EXCITED ABOUT COMING TO CAMP?			
YES NO IF NOT, WHY?			
HAS YOUR CAMPER BEEN AWAY FROM HOME OVERNIGHT? IN THE OUT-OF-DOORS? IF YES, FOR HOW LONG AT ONE TIME?			
YES NO NO			
IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CAMPER?			
Our goal for every camper is to have an excellent experience at Camp Good News. Each person in our community plays a part in creating success, therefore we ask you to read and sign this "Statement of Responsibility and Camper Commitment" indicating your agreement with the commitment.			
Statement of Responsibility and Camper Commitment			
DO: Have lots of laughs. Go to your activities. Enjoy your counselors, cabin mates, and directors. Be a friend and make new friends. Learn property or defacing property.			
several new skills. Keep yourself, your cabin, and campus clean. Be kind to everyone, especially those who are different. Work on any problems by talking with your counselor. We want to maintain an out-of-doors, camp atmosphere so we request that you leave your cell phones, laptops and other electronics at home			
Camp Good News dress code includes modest apparel and one-piece			
DON'T: No smoking, drugs, or alcoholic beverages. No swearing (in any language), filthy conversation, fighting, bullying, excluding other			
campers from the group, or mistreating animals. No medicine, money, valuables, passports, or tickets in cabin. All are to be kept in a safe. Candy and gum are not allowed on the premises. No swimming or I understand that I will be held responsible for my actions and failure to live up to this commitment may result in my dismissal from camp.			
Signatures			
CAMPER'S SIGNATURE DATE			
PARENT'S OR GUARDIAN'S SIGNATURE DATE			

Thanks for taking the time to fill this out! See you this summer!