

SPACE CAMP

Winding Creek Camp

Space Camp 2020

July 21-25

For kids entering 1st-8th grade

\$200

siblings will receive added discounts (see brochure or website for more details)

Instructions

Please complete one registration form per child. Send Registration and Health form, including \$40 (non-refundable) deposit per child or full payment payable to:

Winding Creek Camp
c/o Pastor Jeff Gilbert
2560 Gay Pree
Zeeland, MI 49464

Camper's Name: _____ M/F: _____
Address: _____
City, State ZIP: _____
Birthdate: ___/___/___ Grade Fall 2019: _____
Church: _____ Pastor: _____
Parent/Guardian: _____ Phone: (____) ____-____
Email: _____
(please be sure to provide a valid email; all camp confirmations and communications are sent via email)
Emergency Contact _____ Phone: (____) ____-____
(only used if unable to reach parent)
T-Shirt Size (circle one): Child: S M L Adult: S M L XL

Camper Options

- Day Camp Option (discount \$20)
- Sibling Discount (for those with siblings already registered at full price—see brochure for discount)

Requested Bunkmate: _____

NOTE: 7th-8th graders will automatically be part of the middle school trek., and will not be placed with younger kids.

Camper Contract

I am coming to camp to have fun and participate. I promise to do my best while at camp, listen to my leaders, and try to learn and have fun. I promise to only bring things to camp that will help me and others grow closer to God, or that are good to bring to camp.

Camper Signature: _____

NOTE: A limited number of scholarships are available, so contact Pastor Jeff Gilbert with questions before assuming your child cannot attend camp due to financial need. (616) 953-0220 or JefferyGilbert@gmail.com

For Office Use Only

Date Received _____/____/____ Deposit Received _____ check# _____
Total Cost: _____ Balance Due: _____

Winding Creek Kids Health Form

Name: _____
A Health Form is required for each minor (18 and under). Please photocopy (if needed) and provide a form for each minor.

- Overall Good Health
- Physical Limitations (List)

Family Physician

Phone: (____) ____ - _____

Health Insurance:

Insurance Company: _____

Policy #: _____

Group #: _____

Immunizations:

- Tetanus (last ___/____)
- Other Immunizations Up-to-date

Allergies (List):

I hereby give permission for my child to participate in camp activities, which includes activities at Winding Creek Campground or offsite for camp-related activities having proper supervision. I hereby give my permission to the camp nurse to provide any first aid for mild injuries and illness that should arise for my son/daughter named above. I also give my permission to administer the following medications, as necessary:

Over-the-Counter Medications:

- Tylenol
- Cold Medicine
- Ibuprofen
- Benadryl
- Other: _____

Prescription Medications:

All vitamins and medications brought by the camper (prescription and over-the-counter) must be given to the camp nurse at the time you check in. The nurse stocks most common medications such as Tylenol and cold remedies, so it is not necessary to bring them. All medications must be in the original container and include clear and current directions and camper's name. Winding Creek Camp provides accident insurance for campers during their time at camp. Winding Creek's insurance begins where yours leaves off. Illnesses and sicknesses are not covered. Any outside charges incurred related to illness will be billed to parents or guardians. In signing this document, I hereby certify that the above information is correct and give permission to the physician selected by Winding Creek Camp to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. If any injury should occur that Winding Creek Camp is liable for, I understand that the Winding Creek Camp insurance picks up where my insurance leaves off, up to the limits of the Winding Creek policy. I understand it is the policy of Winding Creek Camp not to release a camper to anyone other than the person designated at the beginning of camp.

I also understood that possession and/or use of illegal drugs, alcohol, tobacco, use of profane or abusive language, uncontrollable behavior, fighting, possession of weapons, or vandalism may result in my child/youth being sent home at my expense.

Authorized Signature (required)

Date

Specify Specific Health/Behavior Considerations for your camper. Use another sheet if necessary.

PERMISSION TO PHOTOGRAPH: I give permission for my child to be photographed during this camp, for the purpose of promoting camp. Any other use will require my specific permission. INITIALS: _____