

Camp Goddard – July 5-9, 2010

Just completed 2nd, 3rd, 4th, 5th grades

Total Camp Fee: **\$200**

To secure a spot, \$100 is due by June 1. The registration deadline is June 13.
After this date, check with Paul for availability. Balance is due by July 1.

CHILD'S NAME: _____ GRADE JUST COMPLETED _____

CIRCLE ONE: Male / Female _____ AGE _____ DATE OF BIRTH _____

STREET ADDRESS _____ CITY _____ ZIP _____

T-SHIRT SIZE: Youth-Small Youth-Medium Small Medium Large XL 2X 3X _____

PARENT/GUARDIAN #1 _____ PHONE: _____

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Find more information and forms at campgoddard.net

MEDICAL INFORMATION

Does the camper have allergies of any kind? Yes / No If yes, please explain:

Does the camper have physical limitations? Yes / No If yes, please explain:

Does the camper have recurring ailments such as headaches, stomachaches, etc.? Yes / No

If yes, please explain: _____

Prescription drugs must be in their original container with the physician's direction and camper's name. You may send over the counter drugs with your child to camp. However, all medications will be kept by the nurse and dispensed by the nurse. Campers will not be allowed to keep any medications with them in the cabin.

Please list ALL Medicine(s) and Frequency with which your child will need to take them while at camp:

Medicine _____ Frequency _____

Medicine _____ Frequency _____

Medicine _____ Frequency _____

Signature (Parent/Guardian) _____

(Please complete the other side)