

Globe Creek Camp Registration

Winter Camp 2011

Please have registration complete no later than one week before start of camp.

Camper's Name Gender Age Grade in Fall

Date of Birth

Parents/Guardians Name And

Legal Relationship And

Mailing Address Email Address

City State Zip Code

Home Phone Work Phone Cell Phone

School Camper Attends Church Affiliation, if any?

Emergency Contact Information -- To be used *only* if Parent/Gaurdian is unavailable.

Name of Contact Relationship to Camper

Home Phone Work Phone Cell Phone

Medical Insurance Information

Medical Insurance Policy Name

Medical Insurance Policy Number or ID#

Name of Primary Physician Physician's Phone

Name of Clinic Used

Medical Insurance is not provided by AWYC

Winter 2011 Payment Information

- \$105 Gr. 4 - 6, March 15 - 17
- \$105 Gr. 7-10. March 15 - 17

Total Camp Fees:

Minus Family Discount

Discount instructions: Full price for oldest camper, 10% discount for 2nd camper, 20% discount for 3rd camper, etc.

Cost \$16 Camp T-Shirt Size

TOTAL AMOUNT DUE:

I will PAY by:

- Cash
- Check
- Paypal on GCC website

FOR OFFICIAL USE ONLY:

- Health
- Payment
- Sign
- Shirt
- Photos
- Sponser

Medical History

Answer all questions below

- 1. Have you had an injury requiring medical attention in the past year? Yes No
- 2. Have you been hospitalized in the past year? Yes No
- 3. Are you currently taking any prescription or non-prescription medications? Yes No
- 4. Do you have any allergies (food, pollen, medicine, stinging insects)? Yes No
- 5. Have you ever become ill from exercising? Yes No
- 6. Do you have asthma? Yes No
 If yes, do you have an inhaler? Yes No
- 7. Do you have any heart conditions? Yes No
- 8. Do you have any medical conditions requiring treatment or medication? Yes No
- 9. Do you have any conditions which may limit participation in camp activities? Yes No
- 10. Are you under a doctor's care? Yes No

IF YOU ANSWERED YES to any of the above questions, please explain in the space provided below. Especially make note of medication amounts and times for while you camper is at Globe Creek Camp.

If, in the judgment of any representative of Globe Creek Camp, the above camper should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said camper by any physician, nurse or camp representative. I do hereby agree to indemnify and save harmless Globe Creek Camp dba AWYC and/or hospital representatives from any claim by any person on account of such care and treatment of said camper.

If, between this date and the beginning of camp, if any illness or injury should occur that may limit this camper's participation, I agree to notify the camp of such an illness or injury.

I understand the risks and dangers involved in outdoor summer/winter activities. I have read the list of activities my child will participate in while at Globe Creek Camp. I give my child permission to engage in those activities, except as noted below by my family physician or myself. I hereby state that, to the best of my knowlegde, my answers to the above questions are complete and correct.

I have instructed my chlid to follow camp rules.

Camper Signature Parent Signature

I give AWYC permission to use camper photos for promotional purposes. Yes No

Questions?

Office Phone: 907-488-0671
Director's Phone: 888-8090
Email for the Registrar: Register@globecreekcamp.com
General Email: Info@GlobeCreekCamp.com

Mail Registration to:

**Globe Creek Camp
1141 Acorn Circle
North Pole, AK 99705**

**You may also Scan and Email
the two Registration pages.**

For a list of What to Bring, go to www.GlobeCreekCamp.com
—Click on the Camp Page —Click on What To Bring.