

2024 Camp Grace Registration Form

Please read carefully; there are some changes. Registration will only be processed with full payment. Make all checks payable to Camp Grace. Please print legibly. Send registration to **Camp Grace, PO Box 521, Mt. Lake, MN 56159.**

Camper Name: _____ Gender: M / F
Address: _____ City: _____ State: _____ Zip: _____
Birthdate: _____ Grade in Fall 2024: _____ Email address: _____
Home/Cell phone: _____ Work phone: _____
Cabin mate requests: _____
Home Church: _____ Address: _____
Church Phone: _____ Pastor's Name: _____

- | | | | | |
|--|---|---------------|-------|-------|
| <input type="checkbox"/> Teen Camp | Entering Grades 9-12 | July 22-26 | \$140 | _____ |
| <input type="checkbox"/> Junior Camp | Entering Grades 3-5 | July 29-Aug 1 | \$135 | _____ |
| <input type="checkbox"/> Intermediate Camp | Entering Grades 6-8 | Aug 5-9 | \$140 | _____ |
| | **If postmarked by June 21 deduct \$10 | | | _____ |
| | T-shirt (postmarked by June 21) | | \$12 | _____ |
| | Paintball (Teen and Intermediate ONLY) | | \$30 | _____ |
| | Subtotal (this total MUST be enclosed NOW) | | | _____ |

For items below bring money to camp. For **quick check-in** include money with payment now:

- | | |
|---|-------|
| Canteen (suggested \$4/day) | _____ |
| Camp Picture - \$4 | _____ |
| Missionary Offering (John/Cindy Gardiner) | _____ |
| Donation for Camp Grace | _____ |
| Total | _____ |
| Total enclosed | _____ |

- **Check-in** 10-11 a.m. on the first day of camp. **Check-out** 2 p.m. on the last day of camp.
- **Campers may ONLY attend camp for their designated grade level.**
- **See brochure for refund policy.**
- **If financial assistance is needed, contact Cindy Gardiner, InFaith missionary, at 507.360.3151 or jcgardiner@infaith.org.**
- **T-shirts are ordered at the beginning of July. If forms are not postmarked on or before June 21th T-shirts will likely not be available. Very few extra shirts will be available.**
- **Capacity of camp is limited so please register early.**

T-Shirt Order Form

Name: _____

Youth Sizes: M _____ L _____ XL _____

Adult Sizes: S _____ M _____ L _____ XL _____ XXL _____

Prepaid shirts will be reserved for you in the requested sized.

Any remaining shirts will be sold on a first come first serve basis.

(over)

For office use

Date Received: _____

MEDICAL FORM

HEALTH INFORMATION

Insurance Company

Policy Number or SSN

Insurance Company's address, city, state, zip

Phone

Insurer's Name

ALL PRESCRIPTION MEDICATIONS NEED TO BE BROUGHT IN ORIGINAL PHARMACY CONTAINER WITH IDENTIFYING LABEL WHEN ARRIVING AT CAMP. ALL MEDICATIONS MUST BE TURNED IN TO THE CAMP NURSE.

HEALTH HISTORY

Yes	No	
		Sleep on top bunk
		Bed wetting
		Shots current
		DPT/Tetanus current
		MMR current
		Epilepsy/convulsions
		Ear Trouble
		Digestive/Bowel trouble
		Asthma/hay fever
		Heart trouble
		Special diet needs
		Allergies to any medications

Medications: _____

Medications brought by campers must be placed in a zip-lock bag in the original container with the camper's name and instructions clearly marked on the bag.

Yes/No Camp staff may give Tylenol or non-aspirin product as needed for headache or pain?

Yes/No Camp staff may use calamine lotion for bug bites or antibiotic ointment and/or hydrogen peroxide as needed for cuts, burns, etc.

1. I understand that every effort will be made to protect and safeguard all campers. I agree not to hold Camp Grace liable for any illness or mishap from any cause whatsoever which may be sustained. I give permission for my child to participate in Camp Grace sponsored events. I also give the camp full authority in dealing with problems of discipline. I agree that any camper disregarding camp rules is subject to being sent home with no refund of camp fees. Likewise any camper who willfully destroys or defaces property will be held responsible and charged accordingly.
2. I agree to leave ALL technology, including smart watches, at home or turn them in to the camp nurse upon arrival.
3. I request that in the event of an emergency, my child be taken (by ambulance if deemed necessary) to the nearest doctor or hospital for examination and/or treatment and I will be notified immediately. I understand that Camp Grace is not responsible for any medical expenses not covered by my insurance, including ambulance expenses.
4. I give my permission for the use of the camper photograph to be used for camp promotion including, but not limited to, photo CD/DVD, camp brochures and website.
5. **I agree to comply with the dress policy as stated in the insert.**

Parent/Guardian's name **PRINTED**

Parent/Guardian's Signature

Date

As a camper at Camp Grace I promise to obey the rules and fully participate in the camp program.

Camper Signature _____

