

CAMP GRACE 2021 APPLICATION FORM

Camper Information

Camper Name: _____ Grade Entering in Fall: _____ DOB: _____
School: _____ How did you hear about us? _____

Please check the weeks your child will be attending camp.

Week 1 June 7-June 11 _____

Week 2 June 14-June 18 _____

Week 3 June 21-June 25 _____

Week 4 June 28-July 2 _____

Week 5 July 5-July 9 _____

Week 6 July 12-July 16 _____

Week 7 July 19-July 23 _____

Week 8 July 26-July 30 _____

Week 9 Aug 2-Aug 6 _____

Camp T-Shirts

Please select your child's t-shirt size. You will receive 3 shirts per child.

Youth S M L XL

Adult S M L XL

Extra shirts are available for purchase for \$10 each.

Mother/Guardian: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Authorized Pick-Up Yes No

Father/Guardian: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Authorized Pick-Up Yes No

Please list any allergies, medications, or special needs your child may have

Emergency Contacts (In addition to parents)

1) _____ Relationship _____

Phone _____ Authorized Pick-Up Yes No

2) _____ Relationship _____

Phone _____ Authorized Pick-Up Yes No

3) _____ Relationship _____

Phone _____ Authorized Pick-Up Yes No

As a parent/guardian, I give permission for my child/ward

_____ to participate in the activities of **CAMP**

GRACE. My child/ward has permission to attend field trips as part of the summer camp program. In the event of

injury during the program, I agree that CAMP GRACE and its agent(s) may consent to any appropriate medical

treatment for my child/ward, should my consent not be reasonably obtained. This consent shall be in effect for the

duration of the program. I understand that CAMP GRACE does not provide insurance coverage for the summer camp

program participants and that I am responsible for coverage for my child/ward. Further, I agree to hold harmless CAMP

GRACE, its agent(s), volunteers, and employees against any loss or damage for any injury, illness, or other condition

arising out of my child's participation in CAMP GRACE. I grant permission for CAMP GRACE to use photos of my

child/ward in magazines, brochures, and/or the CAMP GRACE Facebook page.

Parent Signature: _____ Date: _____

