



Pine Lake Fellowship Camp

10371 Pine Lake Road, Meridian, MS 39307

Register online at pinelakecamp.com/gnfcamps



GNF GOOD NEWS FELLOWSHIP

Office Use Only:

_____ Postmark Date
 _____ Amount Paid
 _____ Scholarship
 _____ Amount Owed

GNF Summer Camp Registration Form

Sign, date and mail this registration form with your \$60 non-refundable deposit to the address above.

Camper's Name:		____ Male ____ Female	DOB ____/____/____ Grade in Fall: ____
Address:	Phone Numbers	Please Check ONE:	
City/State/Zip:	Primary phone # (____) _____	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>
	Alternate phone # (____) _____	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>
	Alternate phone # (____) _____	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>
Parents/Guardian Name(s):		Parent/Guardian Email(s):	

Please Mark a Session	(postmarked until April 30 th) (postmarked after April 30 th)				
	Camp Dates	Group	Age Group	Cost	Cost
	____ June 29 - July 4	Trailblazers	Ages 14-17	\$305	\$345
	____ July 6 - 11	GNF Week	Ages 9-14	\$230	\$260

Emergency Contact: *(other than parent/guardian)*

Name: _____ Relationship to Camper: _____
 Primary phone # _____ Alternate phone # _____

Authorized Pickup List *(Note: Parent/guardian(s) and emergency contact listed above are assumed authorized to pick up camper.)*

- Name: _____ Relationship to Camper: _____
 Primary phone# _____ Alternate phone # _____
- Name: _____ Relationship to Camper: _____
 Primary phone# _____ Alternate phone # _____

Name of preferred cabin mate: *(limit one)*

Home Church if Applicable:	Church Address:
School:	Pastor Name:
Health Insurance Company:	Are camper's immunizations up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy#:	Date of most recent tetanus (DTaP or Tdap): <i>(should be within 10 years)</i>

Explain any problems with bedwetting, sleepwalking, nightmares, or emotional difficulties:

~CONTINUED ON BACK~

Please check if your child has/had any of the following:

____ physical problems during/after exercise ____ heart trouble/high blood pressure
____ autism spectrum ____ ear tubes ____ recent injury ____ hepatitis
____ diabetes ____ ADD/ADHD ____ appendicitis ____ hearing problems
____ asthma ____ frequent headaches ____ seizures/fainting spells ____ chronic/recurring illness

Explain any that were checked _____

ALLERGIES

For each allergy your child has, please answer the following: 1) What are they allergic to? 2) What causes a reaction? (eating it, touching it, being near it) 3) What are the reaction symptoms? 4) How do you normally treat the reaction?

Cancellation Policy

Cancellation 5 days or less from the start date of camper's week will result in the loss of full payment.

Release/Waiver/Indemnity Agreement

1. The undersigned does hereby release, discharge, indemnify, and hold harmless Pine Lake Fellowship Camp, Inc. (PLFC), its employees, members, volunteers, Board of Directors and all of their parent and affiliated organizations and all of their officers, directors, members, participants from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my participation in, and attendance at PLFC summer camp and/or related facilities, including all claims or demands for death or injury to me, or any damage to, or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise.
2. This Waiver, Release and Indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in the summer camp program. **THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING.** The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release, and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein. The UNDERSIGNED expressly acknowledges and agrees that the activities of this program involve the potential risk of injury and/or death and/or property damage. The UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Mississippi and that if any portion hereof is held invalid, it is agreed upon that the balance shall, notwithstanding, continue in legal full force and effect.
3. I believe my child is able to attend camp and participate in all activities, except as otherwise noted. In the event that my child's behavior is deemed unacceptable by camp personnel, I understand that he or she may be sent home without refund.
4. Permission to treat I hereby affirm that my child, named on reverse, is insured against injury and illness. I hereby give PLFC permission to administer over the counter medication. I hereby give PLFC permission to secure proper medical treatment for my child including, but not limited to, hospitalization, IV therapy, anesthesia and surgery. I also agree to assume obligation for any expenses incurred.
5. I authorize the use of photos or videos of my child at camp for promotional purposes. To deny this permission, please initial the following statement: "I DO NOT grant permission for PLFC to use photos or videos of my child for promotional purposes."

I have read, understand, and agree with the above statements.

Parent/Guardian:

Printed Name

Signature

Date



ALL INFORMATION MUST BE COMPLETED OR THE REGISTRATION WILL NOT BE PROCESSED.

Please visit pinelakecamp.com for additional copies of this form, FAQ, and other information.