

# GGTC YOUTH CAMPS

**COST**  
\$65.00-Camper

Lost Valley Lake Resort  
2334 Hwy ZZ  
Owensville MO 65066-2234  
June 27<sup>th</sup> -29<sup>th</sup>, 2008

## REGISTRATION AND PERMISSION FORM

*This form is to be completed and signed by a parent/guardian  
Ages 7 and Up*

### CAMPER INFORMATION

Name: \_\_\_\_\_  
First Middle Last M / F T-Shirt Size

Address: \_\_\_\_\_  
Street City State Zip

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Name: \_\_\_\_\_  
First Middle Last

### EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home # \_\_\_\_\_ Mobile # \_\_\_\_\_ Work # \_\_\_\_\_

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Home # \_\_\_\_\_ Mobile # \_\_\_\_\_ Work # \_\_\_\_\_

### SPECIAL DIET

YES  NO My child must follow a special diet.

*Explain* \_\_\_\_\_

### CURRENT MEDICATIONS

YES  NO Is your child taking any medications that must be given during camp? *(Please provide medication in a labeled container with proper directions.)*

*Explain* \_\_\_\_\_

### MEDICATION ALLERGIES

YES  NO

*Explain* \_\_\_\_\_

### FOOD ALLERGIES

YES  NO

Explain \_\_\_\_\_

**OTHER ALLERGIES**

YES     NO

Explain \_\_\_\_\_

**ADDITIONAL ALLERGIES**

YES     NO

Explain \_\_\_\_\_

Is your child a bed wetter?     YES     NO

**Please initial the following to state that you agree:**

\_\_\_\_\_ Camper has my permission to participate in GGTC Youth Camp July 11<sup>th</sup> -13<sup>th</sup>, 2007 at Lost Valley Lake Resort  
I understand that adequate adult supervision will be provided.

\_\_\_\_\_ I have read and understand the GGTC Youth Camp rules and regulations. Failure of myself or my camper to  
Adhere to said rules will result in his/her termination from the Camp.

\_\_\_\_\_ I have read and understand the Lost Valley Lake Resort rules and regulations. Failure of me or my camper to  
adhere to said rules will result in his/her termination from the program.

\_\_\_\_\_ I understand in case of an emergency where my camper has to be taken to the nearest emergency facility, I will be  
contacted and he/she will be transported to **St. John Mercy in Washington, Missouri**

\_\_\_\_\_ I have included my **In Case of Emergency** form and **Fee** with the signing of this contract.

**EVENT OVERVIEW**

**DEPARTURE:** Friday, July 11<sup>th</sup> at 11:00a.m at Grace Gospel Temple Church

**RETURN:** Sunday, July 22<sup>nd</sup> at Grace Gospel Temple Church around 12:30-1:30pm

**POINT OF CONTACT AT CHURCH**

**Name: Bro. Gerald Ledford JR.**

**Number: 314-629-4381**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Camper Signature*

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Lost Velly Lake Resort  
2334 Hwy ZZ Owensville MO 65066-2234

**[www.lostvalleylake.com](http://www.lostvalleylake.com)**

Resort Office 1-573-764-2640

Activity Office 1-573-764-3656

Resort 1-800-865-2100

Gerald Cell 314-629-4381