

Camp Good News® 2024

A ministry of Child Evangelism Fellowship® of Memphis Metro

2091 Lee Place, Memphis TN 38104 * (901) 440-1010 * cefmemphis@bellsouth.net * www.cefmemphis.com

PLEASE PRINT

PLEASE CHECK ONE

PLEASE INCLUDE YEAR

Full name of Child: _____ Boy Girl Birthdate: _____

Check One Session Only:

JUNE 23-29

JUNE 30-JULY 6

T-shirt Size: YM YL AS AM AL AXL XXL Cabin mate: _____

PLEASE CHECK ONE SIZE

(only one request, please)

Mother's name: _____ Father's name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Cell phone: _____ Cell phone: _____

E-mail address: _____

If parents are divorced, which parent has custody of your child? Mother Father

For the child's safety please list persons OTHER than the parents who may pick up your child from camp:



ONLY THOSE NAMES LISTED ABOVE WILL BE ALLOWED TO PICK UP YOUR CHILD FROM CAMP ON SATURDAY

Emergency Information/Health History

Name of person to act for parent in an emergency: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Is your child allergic to anything? Yes No If yes, what: _____

Is your child taking any type of medication? Yes No If yes, what: _____

Approximate date of last tetanus shot? _____ Health insurance provider: _____

Does your child have any special problems not indicated on this form? Yes No If yes, please explain

Yes No My child may be photographed during camp including the camp photo, or other photos which may be used to promote Camp Good News or Child Evangelism Fellowship of Memphis Metro.

Special Note: My child has permission to be given "as needed" over-the-counter medications to be administered by the camp nurse AND to obtain any emergency medical treatment in accordance with your discretion and judgment, during the time at Camp Good News, a ministry of Child Evangelism Fellowship of Memphis Metro. I, do hereby release the Camp Good News and CEF of Memphis Metro, their employees and agents from any and all claims of injury, death, loss or damage I or my child may suffer as a result of participation in the CEF Camp Good News program. Finally, I give the Director or Acting Director permission to act on my behalf in the event of an emergency, including transportation to an emergency facility, contact of emergency person for pick up, and permission to make logical medical decisions as they pertain to my child.

SIGNATURE OF PARENT OR GUARDIAN

DATE

For Office Use Only Registration: _____ Date Received: _____ Balance Due: _____

Sweet Shop: _____ Camp Photo: _____ Date Received: _____