



Gap Camp 2021



IMPORTANT INFORMATION

Cost: \$115.00 per child for the week (10% discount for each additional sibling).
\$95.00 per child for Believers Church kids (10% sibling discount also applies).

Includes: All activities, crafts and t-shirt.

Registration:

1. Registration can be done online or by mail. Space is limited so early registration is recommended.
2. Payment is due with registration.
3. Registration deadline is one week before camp (August 9th).
4. Registration fees are non-refundable after August 9th.
5. Authorization and Consent Form IS REQUIRED. Camper(s) will not be permitted to participate without completed form. Form may be mailed to Believers Church @ Glenville, 304 Swaggertown Rd., Scotia, NY 12302 or submitted on the first day of camp.
6. If registration is done by mail, return Registration Form (and Authorization and Consent Form if desired) to Believers Church @ Glenville, 304 Swaggertown Rd., Scotia NY 12302. Attn.: Wendy Bartell

Supply List:

Each camper will need to:

1. Bring their own lunch, snack and water bottle each day. It would be helpful if items did not need to be refrigerated or heated.
2. Wear clothing appropriate for the weather (we will be outside all day).
3. Bring a mask if desired.
4. Antibacterial Lotion (only if you have a preference). We will have antibacterial lotion on hand.
5. Bring a towel and bathing suit (for water games).
6. Wear sneakers (sandals would not be appropriate in the area that we will be in or for playing games).
7. Wear or bring sunscreen and bug repellent (**Be advised that we will be outside all day in a wooded area. A daily tick check would be recommended.**)

T-shirt Size (choose one):

Youth small Youth medium Youth large Adult small Adult medium



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REGISTRATION FORM

CAMPER NAME _____ Age/DOB _____

Parents' Names _____

Address _____

Day Time Phone Number _____ Cell Number _____

E-Mail _____

How did you hear about Gap Camp? _____

Emergency Contact List

Numbers will be called in the order that they are given in the case of an emergency.

1. _____ Phone: _____
Relationship: _____

2. _____ Phone: _____
Relationship: _____

3. _____ Phone: _____
Relationship: _____

Medical Information

Does your child have a history of any of these conditions? Please check all that apply.

Be sure to describe any and all details regarding your child's health conditions that would be helpful to the camp personnel.

Seizures: _____ Treatment: _____

Diabetes: _____ Treatment: _____

Asthma: _____ Treatment: _____

Allergies: _____ Type: _____
Treatment: _____

Physical Limitations: _____ Explain: _____

Other: _____ Explain: _____

Has your child ever been stung by a bee? Yes No If yes, any reaction? _____

Primary Physician's Name: (First) _____ (Last) _____ Phone
Number: _____

Dentist's Name: (First) _____ (Last) _____ Phone
Number: _____

WE REQUEST THAT YOU DO NOT BRING YOUR CHILD TO CAMP IF THEY HAVE ANY SIGNS OF ILLNESS.

Pick Up Information

Your child will be released only to persons listed:

Name	Phone
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Camp will end each day at 4:00 pm. **It is expected that arrangements will be made to pick your child up promptly at 4:00 pm.** In the event that this is not possible, arrangements may possibly be made for your child to stay later at an additional cost of \$10.00 per hour per child.

[] Yes, I would like to talk to the Camp Director concerning extra childcare needed.

In the event a camper is non-compliant, disruptive, or displays inappropriate behavior (threatening, swearing,), the Camp Director reserves the right to call the parent and have the child not return for the remainder of the camp session. A refund would not be given.

I, _____, parent /guardian of _____
have read, understand and agree on the terms listed above for Gap Camp 2021.

Signed _____ Date _____



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AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

This form is REQUIRED! Camper will not be permitted to participate without completed form. Form may be mailed to Believers Church @ Glenville, 304 Swaggertown Rd., Scotia, NY 12302 or submitted on the first day of camp.

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for Wendy Bartell (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on 8/16/21 and expiring on 8/20/21.

Signed this day of , 2021.

Parent #1's Signature

Parent #2's Signature

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEW YORK)
COUNTY OF _____)ss.:

This document was acknowledged before me on _____ [date] by
_____ [name of principal].

Notary Public

Notarization is required. If notarization is absolutely impossible, the signature of two adult witnesses must be obtained (other than camp personnel).

Witness #1: _____

Witness#2: _____