

**2018 Globe Creek  
Summer Camp Registration  
Grades 3-10, July 15 - 20**

***One Registration Form per Camper.***

SEND 2-page Registration Form to:  
**Globe Creek Camp, 1141 Acorn Circle,  
North Pole, AK 99705**

Or: SCAN & Email both pages to:

**GlobeCreekCamping@gmail.com**

**IF it is within 5 days of the 1<sup>st</sup> day of camp,  
CALL (907)888-5709 to check availability,  
and bring the *properly signed* forms to camp.**

***What to Bring is on page 3***

NAME: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian:

\_\_\_\_\_ & \_\_\_\_\_

Legal Relationship:

\_\_\_\_\_ & \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School Camper Attends

\_\_\_\_\_

Church, if any?

\_\_\_\_\_

**Another Emergency Contact**

~~-To be used *only* if Parent/Guardian is unavailable-~~

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Medical Insurance Information**

*—Medical Insurance is not provided by Globe Creek  
Camp, Inc.*

Medical Insurance Policy Name:

\_\_\_\_\_

Policy ID Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Name of Clinic Used: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical History: Answer all questions:**

Yes No 1. Have you had an injury requiring medical  
attention in the past year?

Yes No 2. Have you been hospitalized in the past  
year?

Yes No 3. Are you currently taking any prescription  
or non-prescription medications?

Yes No 4. Do you have any allergies (food, pollen,  
medicine, stinging insects)?

Yes No 5. Have you ever become ill from exercising?

Yes No 6. Do you have asthma?

\_\_\_\_\_ If Yes, do you have an inhaler?

Yes No 7. Do you have any heart conditions?

Yes No 8. Do you have any medical conditions  
requiring treatment or medication?

Yes No 9. Do you have any conditions, which may  
limit participation in camp activities?

Yes No 10. Are you under a doctor's care?

**IF YOU ANSWERED YES to any of the medical  
history questions, please explain in the space provided  
below. Especially make note of medication amounts  
and times for while your camper is at Globe Creek  
Camp.**

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