

# **GEM FISHING CAMPS: 2009 REGISTRATION FORM**

**(please print neatly)**



## **Camper Information:**

Camper's Full Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Grade Completed 6/09: \_\_\_\_\_ Camper's Birthday: \_\_\_\_\_ Camper's Church: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

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

Camper's Home Phone: \_\_\_\_\_ Camper's Email: \_\_\_\_\_

How Did You Hear About GEM?: \_\_\_\_\_

## **Parent/Guardian Information:**

Name of Parent(s) or Guardian: \_\_\_\_\_

Parent(s)/Guardian Address (if different from Camper's): \_\_\_\_\_

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

Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## **Camp Preferences: (please mark 1st, 2nd, and 3rd choices)**

<b>Camp Preferences</b>	<b>Camp Dates</b>	<b>Location</b>	<b>Other Info</b>	<b>Camp Cost</b>
	June 15-19	Lutherdell	Boy Lake	\$300
	June 29-July 3	Lutherdell	Boy Lake	\$300
	July 6-10	Lutherdell	Boy Lake	\$300
	July 13-17	Land of Promise	Beebe Lake	\$300
	July 20-24	BWCA	finished 7th grade +	\$100
	August 3-7	Land of Promise	Beebe Lake	\$300
	August 10-14	BWCA	finished 7th grade +	\$100
	August 17-21	Lutherdell	Boy Lake	\$300

**Please return 1) this Registration Form, 2) the 2009 Health Form and 3) the 2009 Financial Agreement to:**

Great Expectations Ministries, 4154 Burton Lane, Minneapolis, MN 55406

Direct questions to David Lindmark, GEM Executive Director, at 952-201-6849, [dlindmark@gemfishing.org](mailto:dlindmark@gemfishing.org).

**GEM FISHING CAMPS & CLUBS: 2009 HEALTH FORM**

**(please print neatly)**



**Camper Information:**

Camper's Full Name: \_\_\_\_\_

Camper's Birthday: \_\_\_\_\_ Grade Completed 6/09: \_\_\_\_\_

**Medical Insurance Information**

Name of Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

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

**Emergency Contact Information**

Emergency Contact Person: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Medical History**

Date of last Tetanus Booster: \_\_\_\_\_

Allergies: \_\_\_\_\_

Check Any Which Apply:

Asthma                       Epilepsy                       Diabetes                       Heart Trouble

Other Medical Needs:  
\_\_\_\_\_

Special Medications or Diet:  
\_\_\_\_\_

Please list any serious accidents, injuries or other important information GEM should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental/Guardian Authorization**

My son or daughter has my permission to engage in all GEM Camp (and/or Club) activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp (and/or Club and/or Executive) Director to secure proper treatment or hospitalization. I voluntarily waive any claim against Great Expectations Ministries (GEM) and Camp (and/or Club) personnel.

Signature of Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_

# **GEM FISHING CAMPS: 2009 FINANCIAL AGREEMENT**

**(please print neatly)**



## **Camper Information:**

Camper's Full Name: \_\_\_\_\_

Camper's Birthday: \_\_\_\_\_ Grade Completed 6/09: \_\_\_\_\_

## **GEM Camp Costs:**

Lutherdell = \$300

Land of Promise = \$300

BWCA = \$100

## **Method of Payment:**

Cash Amount Enclosed: \_\_\_\_\_

Check Amount Enclosed: \_\_\_\_\_

Check Number: \_\_\_\_\_

## **Scholarship Request:**

Amount of GEM Scholarship Money Requested: \_\_\_\_\_

## **Fundraising Option** (check the one your child is intending to do):

Fish-a-Thon: Goal Amount: \$ \_\_\_\_\_

Support Letters: Goal Amount: \$ \_\_\_\_\_

## **Signatures:**

We understand the costs associated with GEM Camps and agree to the costs listed above. We understand that if we have financial questions, to direct them to Dave Lindmark, GEM Executive Director, at 952-201-6849, [dindmark@gemfishing.org](mailto:dindmark@gemfishing.org). If requesting a scholarship, we agree to attempt to raise partial funds to help cover the costs of attending GEM Camp this summer by working at the above marked Fundraising Option.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_