

WHAT TO BRING TO CAMP:

- Bible
- Notebook / Pen
- Bedding / Pillow
- Swimsuit / swim gear
- Flip-flops
- Sunglasses / sunscreen
- Soap / shampoo / toothbrush / toothpaste / other toiletries
- 2 towels (1 for swimming / 1 for showering)
- Money for snacks, souvenirs (including \$10 CGS T-shirt), missions offering ("Missions Bucks" available for purchase in canteen) and personal handcraft items (camp includes some free handcraft projects) *[NOTE TO PARENTS: We suggest that all spending money for each camper is turned in at registration time. Unused portion will be returned on last day of camp.]*
- Prescription medication (must be given to nurse at registration time)
- Clothes appropriate for recreation
- Ball glove (if camper desires)

WHAT NOT TO BRING TO CAMP:

- Cell phone
- iPod/MP3 player
- Skateboard
- T-shirts with inappropriate messages / advertisements
- Immodest clothing



CAMP OF THE
GOOD SHEPHERD
10312 Agnew Road
Louisville, NE 68037
(402) 234 - 2552

CAMP OF THE GOOD SHEPHERD
2010 Schedule & Costs

June 6 - 10

Junior Camp (entering grades 5 & 6) ~ \$150
Dean: Joel Burkum

June 19 (10:30 a.m. - 3:00 p.m.)

Li'l Lambs Day Camp 1 (preschoolers) ~ \$15
Dean: Kristina Beckner

June 20 - 23

Middler Camp (entering grades 3 & 4) ~ \$120
Dean: Matt Beckner

June 25, 4:00 p.m. - June 26, 4:00 p.m.

First Chance Camp (entering grades 1 & 2) ~ \$35
Dean: Helen Knauss
Parents are welcome to stay the night at camp with their child. One parent may stay for free. The cost for the second parent is just \$15.

NEW! July 18 - 23

Jr. High Camp (entering grades 7 - 9) ~ \$175
Dean: Eli Davidson

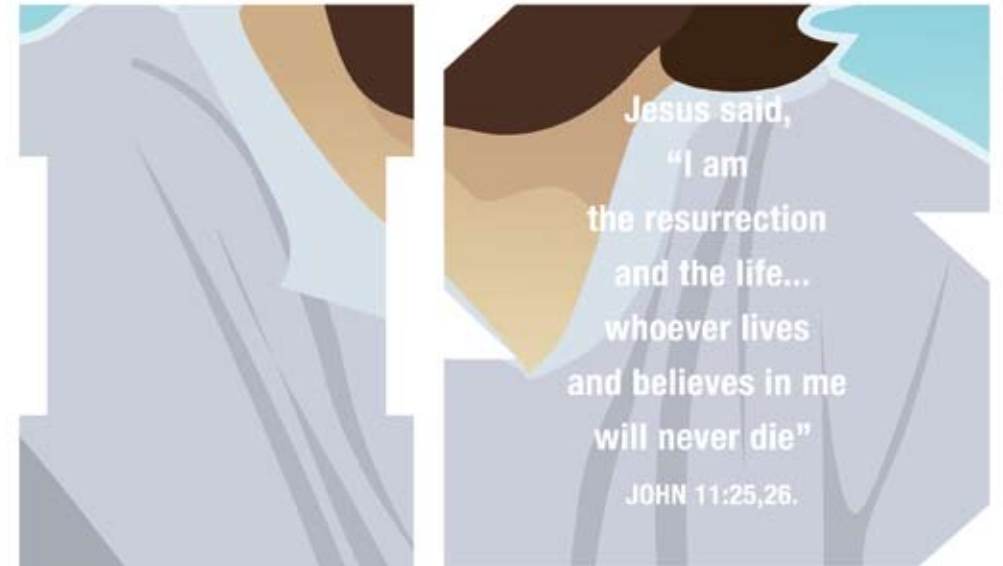
Call CGS Program Director, John Woodward
(402) 234-2552, or go online at
www.campofthegoodshepherd.org
for information about special discounts!



CAMP OF THE GOOD SHEPHERD
10312 Agnew Road, Louisville, NE 68037

2010 Registration Form

Summer Bible Camps for kids!



CAMP OF THE
GOOD SHEPHERD

Having fun learning about Jesus!

10312 Agnew Road
Louisville, Nebraska 68037
(402) 234-2552
www.campofthegoodshepherd.com

CAMP OF THE GOOD SHEPHERD 2010 REGISTRATION / HEALTH / RELEASE FORM

[This entire form must be completed by the camper's parent or guardian. Please print legibly! Thank you.]

PERSONAL INFORMATION

Camper's Name: _____

Address: _____

City: _____

State/ZIP: _____

Phone: (_____) _____ - _____

Date of Birth: _____ / _____ / _____

Age (during camp): _____ Grade (next fall): _____

Gender: Male / Female

Parents / Guardians with whom the camper lives:

Father (Name): _____

Mother (Name): _____

Guardian (Name): _____

Daytime Phone: (_____) _____ - _____

Evening Phone: (_____) _____ - _____

Parents' E-mail (print): _____

Emergency Contact (other than parent/guardian):

Name: _____

Phone (Day): (_____) _____ - _____

Phone (Evening): (_____) _____ - _____

Person/Church designated to take camper from camp:

Name: _____

Person(s) NOT permitted to take camper from camp:

Name (s): _____

Camper's Church: _____

Address: _____

City: _____

State/Zip: _____

CAMPER'S HEALTH HISTORY

My child is current on immunizations and physical exams: YES / NO

Allergies (& Reaction) [Please list ALL, including foods, insects, medicines]:

Medications (List Medication/Dosage/Frequency):

NOTE: All medications must be brought to camp in original containers and sealed in a plastic bag. Inside the bag include a note with the following information regarding the medication: prescribing physician, pharmacy, drug name, dosage/frequency, your child's name/age/weight. All medications must be turned in to and dispensed by the camp nurse.

The camp nurse has permission to give the following medication to my child:

Tylenol Ibuprofen Benedryl Roloids Cough Medicine

My child has permission to swim during camp: YES / NO

My child may not participate in the following activities:

Other information the Camp of the Good Shepherd staff needs to know:

IMPORTANT (Read before signing below):

In case of emergency and in the event I cannot be reached, I hereby give my permission to the camp authorities to select a physician and/or to hospitalize and secure proper treatment for my child. I also give the CGS staff permission to transport my child off camp property for the purpose of medical care and program activities. Camp of the Good Shepherd has my permission to use photographs or videos of my child in its promotional materials. I acknowledge and understand that participation in camp activities and sporting events may expose the participant to certain known and unknown hazards which could result in physical injury. I understand that the purpose of this release form is to relieve Camp of the Good Shepherd, its owners, agents, and employees from any and all liability for injuries sustained by my child as a result of participation in a camp activity. I/we accept the expense of emergency medical/surgical treatment. I/we accept the expense of my child's secondary to my personal insurance.

Family Physician: _____

Phone: (_____) _____ - _____

Insurance carrier: _____

Policy #: _____

Parent / Guardian Name (REQUIRED): _____

Signed, _____

(Print) _____ Date: ____/____/____

REGISTRATION INFORMATION

Select the camp for which the camper is registering. For age-appropriate camps, base your selection on the camper's grade next fall.

- Junior Camp (entering grades 5 & 6) / June 6 - 10 / \$150**
- Li'l Lambs Day (preschool) / June 19 (10:30 a.m. - 3:00 p.m.) / \$15**
- Middler Camp (entering grades 3 & 4) / June 20 - 23 / \$120**
- First Chance Camp (entering grades 1 & 2) / June 25, 4:00 p.m. - June 26, 4:00 p.m. (Parents welcome to spend the night) / \$35**
- NEW! Jr. High Camp (entering grades 7 - 9) / July 18 - 23 / \$175**
- Other:** _____

PAYMENT

All camp fees are due upon arrival at camp. Reservations made by May 15th with a paid non-refundable deposit (deposit for Jr. High, Junior and Middler Camps is \$25; deposit for First Chance Camp is \$10; deposit for Li'l Lambs Day Camp is \$5) or full registration payment will receive a 20% discount. Check with CGS Camp Manager, John Woodward (Camp Office: 402-234-2552), or your church's Youth or Children's Minister to see if you may qualify for additional discounts.

Camp Registration Fee (See list above.): \$ _____

Minus 20% Discount (if registering before May 15): \$ _____

Total Amount Due: \$ _____

Amount Enclosed: [] Cash / [] Check \$ _____

[NOTE: To receive the early registration (20%) discount, a minimum non-refundable deposit is required. See camp deposit amounts above.]

Balance Due (upon arrival at camp): \$ _____

If a church or other party is paying part or all of the camper's fee, please complete:

\$ _____ of the camper's fee will be paid by:

(Please print name): _____

Signed, _____

Position: _____

Return this completed form with your payment to your church leader or to:

Camp of the Good Shepherd
10312 Agnew Road
Louisville, NE 68037

CGS OFFICE USE ONLY:

Payment rec'd (Date): _____ Amt. rec'd: \$ _____

[] Cash [] Check # _____ Amt. Due: \$ _____ Paid: _____

KEEP THIS PART FOR YOUR RECORDS!



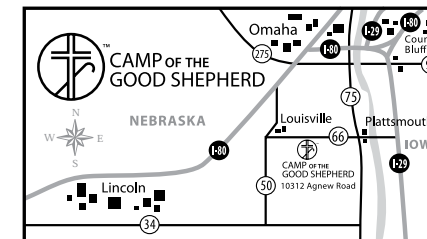
CONTACT INFORMATION:

Address: Camp of the Good Shepherd
10312 Agnew Road
Louisville, NE 68037
Phone: (402) 234-2552
Camp Program Director: John Woodward
Facilities Managers: Keith and Kara Chase

DIRECTIONS / MAP

From Louisville: East on HWY 66; South on 108th St.; Continue one mile south on 108th St. to Agnew Road; East on Agnew Road 1/2 mile. Camp on north side of Agnew Road.

From Plattsmouth: West on HWY 66; South on 96th St.; Continue one mile south on 96th St. to Agnew Road; West on Agnew Road 1/2 mile. Camp on north side of Agnew Road.



CAMPS STARTING & ENDING TIMES

Jr. High, Junior and Middler camps registration/check-in begins at 4:00 p.m. Camps end around 1:30 p.m. Jr. High, Junior and Middler campers should be picked up by 2:00 p.m.

Li'l Lambs (Preschool) Day Camp begins at 10:30 a.m. and ends at 3:00 p.m. Please promptly arrive to pick up your child. Thank you.

First Chance Camp begins at 4:00 p.m. and ends at 4:00 p.m. Parents are welcome to stay the night with their child. One parent is free of charge. The second parent is \$15.

My camp dates:

Camp of the Good Shepherd is owned and operated by: For God's Children International, P.O. Box 434, Council Bluffs, IA 51502-0434 | (712) 328-3776 | www.fgci.org

