

**EARLYBIRD
DISCOUNT!**



2024

www.gocampchallenge.com

DATES

1st-3rd (Young Explorers) June 6th-8th

3rd-5th

June 23rd-28th

4th-6th

July 7th-12th

6th-8th

June 16th-21st

6th-8th

July 14th-19th

Senior High

June 9th-14th



CAMP INFO & REGISTRATION FORM

REGISTER WITH THIS PACKET OR ONLINE



8914 US HWY 50 E, Bedford, IN 47421

812-834-5159

GENERAL INFORMATION



CHOOSING A CAMP: Register for a camp that corresponds with the grade camper completes by the end of 2023/2024 school year.

COST: \$380 (\$195 for Young Explorers). **\$20 EARLYBIRD** discount registration ends March 31.

Parents/Guardians are required to select a **SECURITY WORD** at registration. Requests to release or modify information must include the security word.

REMINDER: for the safety of our campers, we are a nut free facility. Please leave products containing nuts at home.

Campers with an **incarcerated parent** may now qualify for financial assistance through our partnership with Angel Tree Camping Ministry.

CHECK-IN & PICK-UP: Check-in is from 4-6pm (11:30-1pm for Young Explorers). Dinner (lunch for Young Explorers) will be served on the opening day. All campers must be picked up at 10:00am on the closing day.

REGISTRATION INSTRUCTIONS

(If registering with this form)

1. Please complete ALL sections of the form. A church representative must sign IF your church is paying a portion of the camper registration fee.
2. Detach and submit completed form plus a copy of the front and back of your camper's health insurance card (if applicable) to the address below.
3. Pay camper registration fee:
 - Online at www.gocampchallenge.com/payment
 - With check or money order made payable to Camp Challenge; write camper(s) name in the memo line.
 - In person at camp office; please call ahead.

WHAT IS NEXT?

Once you have completed the registration/payment process, whether online, or with this packet, you will receive an email with additional information about policies and guidelines along with a suggested packing list.

We are so excited for camp and can't wait for the campers to step out of their typical environment, and experience God in a new way!

Make sure you follow us on Facebook and Instagram for all the latest information.



<https://www.facebook.com/gocampchallenge>



www.instagram.com/gocampchallenge/



CAMPER INFORMATION

Camper Name: _____ Birth Date: _____ Sex: M F

1st time here? Y N T-shirt size: XS M L XL 2XL 3XL Security Word: _____

Camper Address: _____ Camper Phone: _____

☐ Check to remove
from camper
directory

street
city, state, zip

Camper Email: _____

Camper Grade: _____ School: _____

Church Attended: _____ Church City: _____

Children's/Youth Leader: _____ ☐ Check to opt out of sharing
camper's experience with leader

I understand the main purpose of camp is to help me grow spiritually and the rules of the camp are based on Christian values. I agree to abide by and cooperate fully with the camp policies.

Camper Signature (Required): _____

HOW DID YOU HEAR ABOUT CAMP CHALLENGE?

☐ Church ☐ Online ☐ Friend/family member: _____ ☐ Other: _____

PARENT/GUARDIAN INFORMATION (1)

Name: _____ Authorized to pick camper up? Y N

Address: _____ Phone: _____

street

Secondary: _____

city, state, zip

Email: _____

PARENT/GUARDIAN INFORMATION (2)

Name: _____ Authorized to pick camper up? Y N

Address: _____ Phone: _____

street

Secondary: _____

city, state, zip

Email: _____

I recognize that this is a Christian camp. The Bible will be studied, and conduct consistent with Christian values will be expected of my child while at camp.

Parent Signature (Required): _____

EMERGENCY CONTACT AND ALTERNATE PICK-UP **other than parent/guardian already listed*

Name: _____ Relation to camper: _____

Primary Phone: _____ Secondary: _____

Any others authorized to pick up camper: _____

HEALTH INFORMATION

Dietary restrictions: ☐None ☐Gluten-free ☐Dairy-free ☐Vegetarian ☐Other: _____

Other dietary restrictions or food allergies: _____

Current illness, medical conditions, or allergies (indicate severity): _____

Current medications (bring in original container): _____

Check any of the following conditions the camper is subject to:

☐Fainting ☐Asthma ☐Upset Stomach ☐Seizures ☐Bee/Wasp Allergy ☐Nosebleeds ☐Bed Wetting

Over-the-counter treatments may be given by health staff. Check any that should **NOT**:

☐Pain relievers ☐Fever reducers ☐Anti-allergens ☐Indigestion relievers ☐Topical antibiotic
☐Topical anti-itch ☐Sun burn care ☐Electrolyte replacement ☐Other: _____

Please explain. any mental or emotional health issues. or behavioral concerns: _____

Year of last tetanus shot: _____

Does camper have health insurance? Y N

If yes, please send a copy of the front and back of insurance card to
 registration@gocampchallenge.com or 8914 US HWY 50 E, Bedford, IN 47421

LIABILITY/MEDICAL RELEASE STATEMENT **no admittance without signed statement**

I agree to exempt and relieve Camp Challenge. from liability for participant's personal injury, property damage, or death from any cause. I also give permission for Camp Challenge to authorize emergency medical treatment as may be deemed necessary for the participant while at camp. I understand that I and/or my insurance company are responsible for payment of any medical costs incurred.

Parent Signature: _____ Date: _____

CABIN MATE REQUEST **We will do our best to honor mutual requests, but cannot guarantee them*

First choice: _____ Second choice: _____

PAYMENT INFORMATION *Early is postmarked by 3/31/24; late is within 2 weeks of camp start date*

<input type="checkbox"/> Young Explorers	<input type="checkbox"/> 3rd-5th	<input type="checkbox"/> 4th-6th	<input type="checkbox"/> 6th-8th (June)	<input type="checkbox"/> 6th-8th (July)	<input type="checkbox"/> Senior High
(1st-3rd) \$195	\$380	\$380	\$380	\$380	\$380
Early \$175	Early \$360	Early \$360	Early \$360	Early \$360	Early \$360
Late \$215	Late \$400	Late \$400	Late \$400	Late \$400	Late \$400

Does your church pay part of the camp fee? Y N

For church discount, a church representative must fill out this section

Scholarship amount: \$_____ Representative Name: _____

Email: _____ Phone: _____

Signature: _____ Date: _____