

REGISTRATION

STUDENT FULL NAME _____

GRADE
(Fall 2025)

BIRTHDATE
(mm/dd/yyyy)

T-SHIRT SIZE
(adult xs-xl)

MALE / FEMALE

PARENT EMAIL _____

STUDENT EMAIL _____

Are you coming with a friend? If so, what is their full name?

Included is my payment via:

☐ Cash

☐ Check # _____

(Make checks payable to Glenwood Community Church)

☐ Made Camp Payment Online

(Scan the QR code and select Summer Camp to pay online)



Aug. 3-6, 2025 | Loomis Lake

SUMMER CAMP INFO



Get ready for a summer camp adventure filled with swimming, canoeing, hanging out on the beach and playing crazy camp games with friends! You can count on coming away from this trip with a deeper relationship with God and others! Summer Camp is for students entering 6th-12th grade and is at Loomis Lake in Long Beach, WA.

WHEN IS IT?

Meet at GCC: **Sunday, August 3 @ 12:00 pm**
(Bring a sack lunch, load up at the House)

Arriving back: **Wednesday, August 6 @ 3:00 pm**
(Bring money for a fast-food lunch on the way home)



HOW MUCH IS IT?

\$130
(Scholarships available, contact Nathan Nymeyer for more information)

CONTACT INFORMATION

Nathan Nymeyer
360-571-3300 | nnymeyer@glenwoodcc.org

WHAT SHOULD I BRING?

Bible, pen, and notebook.

Sleeping bag, pillow, appropriate summer clothing, shoes for playing, sandals, toiletries, towel, flashlight, water bottle, hat, sunscreen, sunglasses, swimsuit, sweatshirt, waterproof raincoat or poncho.

WHAT SHOULD I *NOT* BRING?

Do not bring any electronic devices such as smart watches, iPods, or cellphones. (A digital camera is okay.) Also, do not bring energy drinks, firearms, illegal drugs, tobacco, alcohol, or other controlled substances.

RELEASE FORM

I give my consent for my child to attend the Summer Camp sponsored by Glenwood Community Church (August 3-6, 2025). Unless otherwise noted, photos and video of my child may be taken by camp leaders to be used in camp slideshows, social media posts, and/or future promotional materials. I approve of my child's participation in all camp activities and transportation. I furthermore authorize the official leaders of the camp to stand in my stead in authorizing needed medical treatment in case of an emergency. Reasonable effort shall be made to contact me prior to the exercise of such authority.

PARENT/GUARDIAN NAME

PHONE

ADDRESS

SECONDARY CONTACT

SECONDARY CONTACT PHONE

I agree to use my own medical insurance as primary coverage in the event of any medical treatment.

Insurance Carrier: _____

Policy/Subscriber Number: _____

Name of Insured: _____

Allergies and/or medical info (attach additional info as needed):

I also recognize that if my child behaves in an inappropriate manner, the leaders of this camp may call and ask that I make arrangements for my student to return home at my expense.

PARENT SIGNATURE

DATE