

Registration form: *Please Print*

____ His Thousands Hills August 2-6, 2021

separate registration needed for each child

Name:

Address:

City _____ ST _____

Zip _____

Age: _____ Grade Fall 2021: _____

Allergies: _____

Church/Pastor: _____

Please check:

_____ I will PROVIDE transportation each day that my child attends camp and will have room for _____ others.

_____ Please arrange BUS transportation for my child if possible (see busing schedule).

_____ I give permission for my child to be included in any PHOTOGRAPHS or videos used for the promotion of CEF.

Complete, detach and send with check to:

CEF of Tioga County, Inc.
16 Charleston St, Wellsboro, PA 16901

To my knowledge, the information on this form is correct, and I give my permission for the child named on the previous page to attend Good News Day Camp during the week(s) selected. In case of medical or surgical emergency, I give permission for a physician to give proper emergency treatment to the child named. While my child is at Good News Day Camp, I authorize the camp Director and/or Nurse to administer medications and treatment for the child. I understand that prescription medications must be given to the camp Director and/or Nurse in the original bottle, labeled with the child's name, dosage, and doctor. I also give permission for camp staff to administer first aid and follow-up care for the child as in their opinion may be deemed necessary, hereby releasing CEF of Tioga County, Inc. from any liability of the use of their best judgment.

Parent/Guardian Signature:

Phone: _____

Cell: _____

Family Email (optional):

Auxiliary name/phone no. in case of emergency:

#1 _____

#2 _____



Bus Transportation

**BUS
TRANSPORTATION IS
STILL TO BE
DETERMINED**



Child Evangelism Fellowship of Tioga County, Inc.
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