

Camper Registration Form

Fill out completely; print or type; **Black Ink Only**

Camper's legal name: _____
Last First Middle

Preferred Name: _____ Birthdate: _____ Grade next Sept.: _____

Male/Female Name of one requested roommate: _____
(Circle one)

Home address _____ City _____ State _____ Zip _____

Parent/Guardian Legal Name: _____

() _____ () _____ () _____
Home telephone Father's work telephone Mother's work telephone

() _____ () _____
Father's cell phone Mother's cell phone

() _____
Alternate telephone Alternate name Relationship

Church: _____
Name City District

Please indicate any emotional, behavioral, psychological, or physical conditions which may require special restrictions or considerations. Your answer will not necessarily result in exclusion from camp. This information will be made available only to camp personnel who need to know (ie: coordinator, nurse, registrar, director, counselor, etc.) in order to further enrich your child's experience.

Camper's transportation home will be by:
_____ Church van/bus _____ Parent/Guardian _____ Other _____

NO CHILD MAY BE RELEASED EARLY FROM CAMP EXCEPT TO PARENT OR LEGAL GUARDIAN THROUGH CAMP CHECK-OUT PROCEDURES.

Registration and participation in all of Lakeview's programs are the same for everyone without regard to race, color, religion, age, gender, disability, national origin, or political belief.

Duplication of this form shall be **only** on white paper. **Both Sides Required.**

Lakeview Methodist Conference Center

SOUTH DISTRICT CAMP

June 9-13, 2008

Adult size: S M L XL XXL XXXL Youth Sizes: YM YL
(circle one)

Please indicate any allergies (medications, food, insects, etc.):

Please indicate and explain any special medical needs, conditions, or restrictions:

~ALL medication must be in original container & accompanied by the Medication Information Sheet~

_____ Date of last tetanus immunization _____ Camper's Social Security Number _____

_____ () _____
Family Physician Physician's telephone #

_____ Health Insurance Co _____ Policy # _____

Health Insurance Co. Contact Telephone # () _____

I hereby give permission to the medical personnel selected by the camp to provide, secure, and administer health care & medications; to hospitalize and order injection, anesthesia, X-rays, surgery, and/or necessary related transportation for the camper named above.

Furthermore, I have read and understand the "**Standards Regarding Disorderly Conduct**" and the "**Media Release**" printed on the back of this registration form and have explained them to the camper named above.

_____ Signature of parent or legal guardian _____ Date _____

Pastor and Parents: Check for accuracy and legibility of information and for signatures - THIS IS A LEGAL DOCUMENT

Pastor: Is this camper active in Sunday School? Y / N UMYF? Y / N
Pastor's comments: _____

Pastor's signature: _____ Date: _____