

Indian Cave Youth Camp
2016 JUNIOR CAMP KID REGISTRATION FORM & MEDICAL RELEASE
JUNE 19-24, 2016

PLEASE CHECK APPROPRIATE AGE GROUP BELOW

Camper Ages 7-12 **Kids Under 4 are Free** Pre-Camper Ages 5-6: \$115.00
\$180.00 Early Bird Registration if registered by June 1, 2016; \$200.00 after June 1, 2016
(Price includes lodging, meals, canteen breaks, snacks, and a t-shirt)

MAKE ALL CHECKS PAYABLE TO: Lakewood Community Church

PLEASE RETURN COMPLETED FORM TO CHURCH NO LATER THAN MAY 29, 2016 FOR EARLY REGISTRATION WITH \$30 DEPOSIT PAYABLE TO Lakewood Community Church. Please fill form out completely and print or type each response.

Camper's Name _____ Male Female Nickname to be used: _____

Address _____

City _____ State _____ Zip _____ Grade Next Year _____

Social Security No. (required for medical purposes) _____

Birthdate _____ Age _____ Youth T-shirt Size (circle one) S M L XL 2XL 3XL

Name of church you are attending with? _____

Parent or Guardian Name _____ Email Address (for updates) _____

Home Phone: (____) _____ Cell Phone (____) _____ Work Phone: (____) _____

In case of emergency, is there someone other than the above to notify if we cannot reach you? Yes NO

Name _____ Phone: (____) _____ Relationship to camper _____

MEDICAL RELEASE: I, the undersigned am the legal parent/guardian of _____, and I give him/her permission to participate fully in Indian Cave Youth Camp (ICYC) activities. I also release ICYC from all liability while my child is participating in Camp Activities. I give ICYC permission to obtain, in an emergency, medical or surgical care for him/her in the event I cannot be reached and such is necessary. I understand that every effort is made to locate me in case of such an emergency.

The following information is needed for the Camp Nurse:

General Health of Camper _____

Physical Handicaps if any _____

Limitations _____

Special Diet if any _____

Allergies _____

Medications if any _____

Is camper able to participate in all camp programs? (swimming, field games, etc.) Yes NO

If no, which activities are eliminated? _____

Are the following immunizations current?

Tetanus: Yes No

MMR: Yes No

Polio: Yes No

Dip Series Yes No

Pediatrician/Doctor's Name _____ Phone Number (____) _____

Address _____

Insurance Company _____ Policy Number _____

My child is 12 years and is allowed to play paintball (I also understand that paintball costs extra and release form must be signed): Yes No

We, the undersigned, have completed the entire registration form and agree to the Camp Rules. We also agree to allow our child(ren)'s pictures to be used in Camp publications and for other promotional purposes.

Camper's Signature _____ Date _____, 20____

Parent's (or Guardian's) Signature _____ Date _____, 20____