

Indian Cave Youth Camp

2016 SENIOR CAMP KID REGISTRATION FORM & MEDICAL RELEASE

JUNE 26 – JULY 1, 2016

Early Bird Rate is \$165.00 which includes a t-shirt. \$185 if registered after June 1, 2016

MAKE CHECKS PAYABLE TO: Lakewood Community Church

SENIOR CAMP AGES 13-18 (12-13 year olds may choose either Junior or Senior Camp)

DEADLINE FOR EARLY REGISTRATION RATE IS JUNE 1, 2016

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.

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 _____ T-shirt Size (adult sizes only – circle one) S M L XL XXL XXXL

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? Yes NO

Name _____ Phone: (____) _____ Relationship _____

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

Family Physician's Name _____ Phone Number (____) _____

Physician's Address _____

Insurance Company _____ Policy Number _____

Is camper allowed to participate in paintball (optional and costs extra)? 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____