

Camper Registration Form

*** Please Print Clearly ***

Lakeview METHODIST
CONFERENCE CENTER



CN/CS/SW DISTRICT CAMP

July 1-5, 2013

Camper's legal name: _____
Last First Middle

Preferred Name: _____ Birthdate: ____/____/____ Grade in Sept.: _____

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

Home address _____ City _____ State _____ Zip _____

Camper's Email address: (optional) _____

Parent Email address: _____

Parent/Guardian Legal Name: _____

() _____ () _____ () _____
Home phone Father's work phone Father's cell phone

() _____ () _____ () _____
Home phone Mother's work phone Mother's cell phone

() _____ _____
Alternate phone 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 PROPER 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.

BE SURE TO INCLUDE THE STANDARDS REGARDING DISORDERLY CONDUCT

T-shirt size (circle one): YS YM YL S M L XL 2XL 3XL

Please indicate any allergies (medications, food, insects, plants, 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

_____ () _____
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 & understand the "**Standards Regarding Disorderly Conduct**" 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, legibility, and completion of all information including signatures. THIS IS A LEGAL DOCUMENT

For Church Pastor:
Is this camper active in Sunday School? Y / N UMYF? Y / N

Is/Are the Parent/Parents active in your church? Y / N

Comments: _____

Pastor's signature: _____ **Date:** _____