

# 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) (some age-level camps may not honor all requests)

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ First year at Camp? \_\_\_\_\_

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 25 - 29, 2007

T-shirt size: S M L XL XXL XXXL other: \_\_\_\_\_

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.

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of parent or legal guardian**

**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: \_\_\_\_\_

Registrars use only: Amount paid \_\_\_\_\_ Scholarship \_\_\_\_\_ (2/07)