

# 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 \_\_\_\_\_

Email address: \_\_\_\_\_

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 **CENTRAL SOUTH/CENTRAL NORTH DIST. CAMP June 23-27, 2008**

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

\_\_\_\_\_ 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: \_\_\_\_\_