

Junior Camp

2022 Registration

Completed registration due by **May 22**. Early Registration deadline is **May 8**. Money is due by **June 13**.
Late registrations may not be accepted and T-shirt sizes cannot be guaranteed.
Cost: \$160.00 (**\$140 if registration form is received by May 8.**)

PERSONAL INFORMATION:

Name: _____ Church: _____

Birth Date: _____ Age: _____ Grade Completed: _____

Parent/Guardian: _____ Home Phone: _____

Home Address: _____ E-mail: _____

City State Zip Cell Phone: _____

Other Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____
(Church office will automatically be notified of any emergency.)

HEALTH INFORMATION:

Health Insurance Company: _____ Insurance Number: _____

Insurance Co. Address or Phone#: _____

Date of last tetanus: _____ Specific activities to be restricted: _____

List any remarks the nurse/ counselor should know concerning the camper (allergies, conditions, bedwetting, fears, handicaps, etc.):

Medications in camper's possession (if prescription, list function) (All medications should be in their original container with pharmacist's label.) If possible send only doses required for his/her camp stay:

Allergic to any medications?: _____

The following medications/first aid will be available through the camp staff. Please indicate with an "X" any which you would NOT want administered to your child:

Topical ointments:

____ Neosporin (topical antibiotic) ____ Aloe Vera
____ Swimmer's Eardrops ____ Antiseptic Spray
____ Insect Repellent ____ Calamine Lotion
____ Solarcaine ____ Hydrogen Peroxide

Medications:

____ Tylenol ____ Tums/Digel
____ Dramamine ____ Chloroseptic Spray
____ Pepto-Bismol ____ Imodium/ Lomotil
____ Benadryl ____ Ibuprofen

Parental Consent / Liability Release – Release of all Claims:

The undersigned, parent(s) or legal guardian(s) of the above-named participant, hereby authorize his or her attendance at, participation in, and travel to and from all activities of this camp. I hereby give permission to the camp director or his representative to administer first aid, over the counter, and doctor-authorized medications. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, administer medications, and to order necessary injections, anesthesia, or surgery for the above-named participant.

Furthermore, we (I) [and on behalf of our (my) child-participant, if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Furthermore, we (I) release Chapel of the Lake and their directors, officers, and agents from all liability for personal injury, sickness, or death, as well as property damage which may be incurred while participant is at the camp or traveling to or from the camp.

I/we also understand that photos/videos may be taken and used for church purposes (without names) including but not limited to: social media, church presentations, and website publication. Campers can be opted out at anytime by contacting the church office.(At least 1 signature required.)

Father	Date
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Mother	Date
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Legal Guardian	Date
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Camper Covenant:

I agree to obey camp leaders, staff and personnel and follow all camp rules at camp.

Participant Signature	Date
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Roommate preference: *(Please list no more than two)*

T Shirt size preferred: **Child sizes:** S(6-8) M(10-12) L(14-16)

Adult sizes: S M L XL XXL XXXL