

Summer Camp Registration Form—Please fill out completely—Please print clearly!

Camper must attend session that applies to the grade he/she is entering in the fall.

Early Bird pricing lasts ALL SUMMER. Balance must be paid in full at Check-In.

Camper First Name _____ Last Name _____ Gender _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ - _____ - _____ Grade Entering in Fall _____ Immersed Christian: **CIRCLE** Yes or No
 Father's Name _____ Work/Cell Phone _____ - _____ - _____ Mother's Name _____ Work/Cell Phone _____ - _____ - _____
 Custodial Parent(s) _____ Name & relationship of person registering camper if different than above _____
 Church Name _____ Minister's Name & Phone _____
 Roommate Preference(s) Limit 2 _____

MEDICAL HISTORY INFORMATION

Camper's Birthdate _____ - _____ - _____ Year of Last Tetanus Booster _____ My child is current on all immunizations: **CIRCLE** Yes or No
 Does this child have any food, medication, insect or other allergies (Do not include seasonal allergies)? If yes, please answer the following that apply:
 Allergies to FOODS _____ Severity of Reaction _____ Management _____
 OTHER Allergies _____ Severity of Reaction _____ Management _____
 Does this camper have any medical condition(s) or history? For example, if your child has an IEP or 504 plan in the public school setting it would be helpful for the camp to know this. (Nothing indicated means the camper has no medical conditions and is capable of full participation.)
 Medical Condition _____ Explained _____
 Recent surgery, injury or permanent conditions that may restrict this camper's activities _____

Optional: Any recent life changes (death, divorce, homesickness, etc.) _____
 The following over-the-counter medications are stocked at LJCA, used to help manage common illness or injury, and dispensed by standing orders signed by the camp's supervising physician. Some meds are listed as common brand names, though generic may be substituted. Acetaminophen, aloe vera, ibuprofen, antacid (Tums & Mylanta), antifungal spray, burn gel, Zyrtec, Benadryl (oral & ointment), EpiPen (used for anaphylactic reaction), hydrocortisone cream, Lanacaine 1st aid spray, Immodium AD, Gold Bond medicated powder, Midol, pain relief/ointment (Bengay/Biofreeze), Milk of Magnesia, Miralax, Nix, Sudafed, swimmer's ear drops, throat lozenges, tussin, tussin DM, triple antibiotic ointment, bacitracin ointment, Calamine lotion, orajel, sunscreen, docusate sodium (stool softener), Visine AC.
 Please list medication(s) you **DO NOT** want your child to have _____
 Current Prescription/Non-Prescription Medication(s) _____

Medical Information: All medication brought to camp, prescription or over-the-counter, **MUST** be in their original container with camper's name and turned in to camp nurse. Bring enough medications in sufficient quantities and make sure the medication is **NOT** expired, including inhalers and EpiPens. Your child **SHOULD NOT STOP** taking any maintenance medication unless instructed to do so by your doctor. Dietary restrictions must be doctor prescribed and reported by the parent/guardian to the food service manager prior to check-in. We advise leaving dietary supplements at home that are not doctor prescribed. In compliance with Indiana State Law, every camper will be screened at check-in for illness or injury; this includes having their temperature taken.

Physician Name _____ Phone _____ - _____ - _____ Alternate Contact _____
 Health Ins. Co. _____ ID _____ Group _____ Phone _____ - _____ - _____
 Insured's Name _____ Insured's Date of Birth _____ - _____ - _____ Relationship to camper _____

CONSENT Please check boxes as needed.

*I hereby give permission to Lake James Christian Assembly, INC. (LJCA, INC.) to hospitalize, secure treatment for and to order anesthesia or surgery for my camper child. I understand, however, that every effort will be made to contact me in case of such an emergency, if possible, before any such treatment is administered. I hereby release the LJCA, INC. from any responsibility other than normal supervision and care. In case of accident, I will not hold LJCA, INC., it's staff faculty, management or officers liable. *I certify that all information given is complete and correct to the best of my knowledge. *I understand camp accident insurance is secondary.
 *I **DO NOT** want my camper to participate in these sports: Air Rifle Target Archery Archery Tag
 *I **DO NOT** authorize LJCA, INC. to take and use any photograph or video of the camper named on this registration as may be needed for its records or public relations.
 *I **DO NOT** allow the camper named on this registration to be photographed in the group picture.

Must be signed before registration will be processed. SIGNATURE OF PARENT/GUARDIAN: _____ Date _____

EMAIL: _____

Camp Session	Date	Early Bird Price	Full Price	Entering Grade
Day Camp 2	June 26	\$ 30	N/A	1
Day Camp 3	July 8	\$ 30	N/A	1
Jumpstart	July 19-20	\$ 80	N/A	2-3
1st Chance 2	July 5-7	\$ 150	N/A	2-3
Pre-Teen 2	July 19-24	\$ 240	N/A	4-6
Boys Wilderness	July 5-7	\$ 150	N/A	4-6
Girls Wilderness	July 8-10	\$ 150	N/A	4-6
Junior High 2	July 12-17	\$ 240	N/A	6-8

Camp Session	Date	Early Bird Price	Full Price	Entering Grade
JH Aquatics	July 12-17	\$ 270	N/A	6-8
JH Girls Wilderness	June 28-July 3	\$ 260	N/A	6-8
JH Boys Wilderness	July 19-24	\$ 260	N/A	6-8
Girls Volleyball	July 12-15	\$ 150	N/A	6-8
High School	June 28-July 3	\$ 240	N/A	9-13
FULL HS Aquatics	June 28-July 3	\$ 270	N/A	9-13
Deeper	July 5-7	\$ 100	N/A	11-College

Circle FREE T-shirt size if registering by June 1

CHILD: Small Medium Large **ADULT:** Small Medium Large X-Large

50% Deposit Due with Registration

Price \$ _____ + \$8 Picture = \$ _____ — \$ _____ My Church Pays = \$ _____
 (Price of Camp) (Optional) (Total Price) (If your church helps pay) (Total Due from Parent)

Volleyball Camp: circle sport T-shirt size
CHILD: Med Lg **ADULT:** Sm Med Lg XL

Visa MC # _____ Exp. _____ - _____ CVV _____

Lake James Christian Camp 2020 Revised Program Calendar

Please visit our website www.ljca.org for more information on each event.

DATE	EVENT	DEAN MAIN SPEAKER	GRADES/AGES
June 26	Day Camp 2	Matt Love	Entering Grade 1
June 28-July 3	High School	Donny Goff	Entering Grades 9-13
June 28-July 3	High School Aquatics	Matt Love	Entering Grades 9-13
June 28-July 3	Junior High Girls Wilderness	Fannie Brown	Entering Grades 6-8
July 5-7	1st Chance 2	Eric Steinman	Entering Grades 2-3
July 5-7	Pre-Teen Boys Wilderness	Bob Knowlton	Entering Grades 4-6
July 5-7	Deeper	Travis Fox	Grade 11—College
July 8-10	Pre-Teen Girls Wilderness	Dawn Steere	Entering Grades 4-6
July 8	Day Camp 3	Matt Love	Entering Grade 1
July 8-9	Jumpstart	Craig Petermen	Entering Grades 2-3
July 12-17	Junior High 2	Kennedy/Cross	Entering Grades 6-8
July 12-15	Junior High Girls Volleyball	Sherri Parker	Entering Grades 6-8
July 12-17	Junior High Aquatics	Matt Love	Entering Grades 6-8
July 19-24	Pre-Teen 2	Lynn Hart/Jordan Ickes	Entering Grades 4-6
July 19-24	Junior High Boys Wilderness	Mike Hesterman	Entering Grades 6-8
July 26-August 1	School of Missions	JD Hite	All Ages
August 15	Golf Scramble	Kevin Petermen	All Ages
September 11-13	Handi-Camp Retreat	WWW.ljca.org	All Ages
September 14	Men's Rally	Jason Poznich	Men & Boys
September 18-20	Camp Crop Retreat (Scrapbooking)	Eileen Kirsch	Women
October 12	Ladies Night Out	Carmen LaRue	Women & Girls
October 16-18	Junior High Retreat		Grades 6-8
November 7	Annual Meeting	4:00pm	All Ages
November 14	Camp Service Day	9:00am-12 Lunch Provided	All Ages

Register online at www.ljca.org for most events or by paper mailing to
1880 W 275 N Angola, IN 46703.

Visa/Master Card & E-checks accepted online.

Call the camp if you have any questions 260-833-2786.

