

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 must have deposit paid by May 3, 2021. Balance must be paid in full by June 1,

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 1 _____

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, Bena-dryl (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., its staff faculty, management officers or affiliated churches 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 understand that there are inherent risks involved in my child participating in camp, such as but not limited to, falls, accidents (on land and in water) and exposure to communicable diseases.

- *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(S): _____

Camp Session	Date	Early Bird Price	Full Price	Entering Grade
<input type="checkbox"/> Day Camp 1	June 23	\$ 30	\$ 30	1
<input type="checkbox"/> Day Camp 2	July 7	\$ 30	\$ 30	1
<input type="checkbox"/> Day Camp 3	August 3	\$ 30	\$ 30	1
<input type="checkbox"/> Jumpstart	August 1-2	\$ 80	\$ 80	2-3
<input type="checkbox"/> 1st Chance 1	June 20-22	\$ 150	\$ 170	2-3
<input type="checkbox"/> 1st Chance 2	June 23-25	\$ 150	\$ 170	2-3
<input type="checkbox"/> Pre-Teen	July 18-23	\$ 250	\$ 270	4-6
<input type="checkbox"/> Boys Wilderness	June 23-25	\$ 150	\$ 170	4-6
<input type="checkbox"/> Girls Wilderness	June 20-22	\$ 150	\$ 170	4-6
<input type="checkbox"/> Boys Fishing	June 13-16	\$ 150	\$ 170	4-6

Circle FREE T-shirt size if registering by MAY 3
CHILD:
 Small
 Medium
 Large
ADULT:
 Small
 Medium
 Large
 X-Large

Camp Session	Date	Early Bird Price	Full Price	Entering Grade
<input type="checkbox"/> Junior High 1	June 13-18	\$ 250	\$ 270	6-8
<input type="checkbox"/> Junior High 2	July 11-16	\$ 250	\$ 270	6-8
<input type="checkbox"/> JH Aquatics	July 11-16	\$ 280	\$ 300	6-8
<input type="checkbox"/> JH Girls Wilderness	June 27-July 2	\$ 270	\$ 290	6-8
<input type="checkbox"/> JH Boys Wilderness	July 18-23	\$ 270	\$ 290	6-8
<input type="checkbox"/> High School	June 27-July 2	\$ 250	\$ 270	9-13
<input type="checkbox"/> HS Aquatics	June 27-July 2	\$ 280	\$ 300	9-13
<input type="checkbox"/> Mission Adventure	July 18-23	\$ 300	\$ 320	9-13
<input type="checkbox"/> Deeper	August 1-3	\$ 100	\$ 120	11-College

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)

Make checks payable to Lake James Christian Assembly or LJCA

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

Visa MC # _____ Exp. _____ - _____ CVV _____