



### Camper Information

Camper Full Name \_\_\_\_\_ Sex **M / F**

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering Fall 2024 \_\_\_\_\_

Is the Camp Immersed (baptized)? Y/N \_\_\_\_\_

\*Parent email(s): \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Custodial Parent(s) \_\_\_\_\_

Name & relationship of person registering camper if different than above \_\_\_\_\_

Church You Attend \_\_\_\_\_

Minister's Name & Phone \_\_\_\_\_

Camp Session Selection \_\_\_\_\_

Roommate Preference(s) (up to 2 names) \_\_\_\_\_

### Camp Session Picture \$8: Y/N

The following person(s)/organization(s) have my permission to pick up the camper indicated above. \_\_\_\_\_

*\*Email addresses will be used to email you information regarding your camper's session, additional consent forms, and camp updates.\**

### FREE T-shirt

Must register by May 5 for T-shirt. Available to purchase in Camp Store.  
*Please circle size:*

- CHILD:** Small Medium Large
- ADULT:** Small Medium Large XL 2XL 3XL

### Consents

\*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 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 that 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.

\_\_\_\_\_  
Parent/Guardian Signature Date

**\*Must be signed before registration will be processed!**

### Medical History

All information provided below is kept confidential by Lake James Christian Camp per HIPPA requirements

#### General Emergency Information:

Emergency Contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Physician/Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Ins. Co \_\_\_\_\_ ID \_\_\_\_\_ Group \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Year of last tetanus \_\_\_\_\_ Current on all immunizations? **Y/N**

Any food, medication, insect or other allergies (Not seasonal) **Y/N**

If yes, please answer the following:  
Please list allergies to FOOD(s), severity of reaction and management:  
\_\_\_\_\_

Please list OTHER ALLERGIES (Not seasonal), severity of reaction and management:  
\_\_\_\_\_

Medical condition(s) or history and special health/behavioral/physical considerations or limitations to be aware of. For example, if your child has an IEP or 504 plan in the public school setting, it would be helpful for the camp nurse to know this. Nothing/NONE marked indicates the camper has no medical conditions and is capable of full participation.

#### Please circle any medical conditions that apply:

- |   |                      |                        |
|---|----------------------|------------------------|
| allergies                                       | depression           | physical limitations   |
| anxiety   | diabetes             | seasonal allergies     |
| asthma  | eczema/skin rashes   | shortness of breath    |
| bedwetting                                      | earache history      | sleepwalking           |
| behavioral problems                             | emotional problems   | urinary issues         |
| bleeding history                                | heart history        | OTHER (describe below) |
| bowel issues                                    | menstrual difficulty | NONE                   |
| contagious infections/<br>contagious conditions | nosebleeds           |                        |

Medical Condition(s) Explained: \_\_\_\_\_

Recent surgery, injury or permanent conditions that may restrict this camper's activities: \_\_\_\_\_

Any recent life changes? (death, divorce, homesickness, etc.): \_\_\_\_\_

*These 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 power, 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: \_\_\_\_\_

**MEDICATIONS:** (continue on additional pages if necessary) \_\_\_\_\_

\_\_\_\_\_

**Note: \*All medications brought to camp, prescription or over-the-counter, MUST be in their original containers with the camper's name and turned into the camp nurse on arrival.**

### Office Use Only

Date Rec. \_\_\_\_\_ Rec. By \_\_\_\_\_ Input By \_\_\_\_\_

CAMP SESSION # \_\_\_\_\_ PRICE \$ \_\_\_\_\_ Picture \$8 Y/N

Church Sponsorship amt: \_\_\_\_\_ Treesh MF amt: \_\_\_\_\_

**Balance Due:** \_\_\_\_\_ Refund Due: \_\_\_\_\_

CK# \_\_\_\_\_ CK Date \_\_\_\_\_ CK Amt \_\_\_\_\_ Cash Amt \_\_\_\_\_





**REGISTER BY MAY 5TH**

**\*FREE T-shirt\***  
**\*Early Bird Price\***

Date	Camp & Camp Session #	Entering Grade	Early Bird Price	Regular Price
June 25	Day Camp	1-2	\$45	\$45
July 6-7	Jumpstart	2-3	\$105	\$125
June 22-24	1st Chance 1	2-3	\$185	\$205
June 25-27	1st Chance 2	2-3	\$185	\$205
June 8-10	Pre-Teen Boys Fishing	4-6	\$190	\$210
June 11-13	JH/HS Boys Fishing	7-12	\$200	\$220
July 7	Art Day Camp	4-6	\$55	\$55
June 15-20	Pre-Teen 1	4-6	\$300	\$320
June 22-24	Pre-Teen Girls Wilderness	4-6	\$200	\$220
June 25-27	Pre-Teen Boys Wilderness	4-6	\$200	\$220
July 20-25	Pre-Teen 2	4-6	\$300	\$320
June 8-13	Junior High 1	6-8	\$300	\$320
June 15-20	Junior High Girls Wilderness	6-8	\$325	\$350
July 13-18	Junior High 2	6-8	\$300	\$320
July 13-18	Junior High Aquatics	6-8	\$375	\$395
July 20-25	Junior High Boys Wilderness	6-8	\$325	\$350
June 29-July 4	High School	9-13	\$300	\$320
June 29-July 4	Deeper Track (w/High School Camp)	9-13	\$300	\$320
June 29-July 4	High School Aquatics	9-13	\$375	\$390

Church Registration Contact: \_\_\_\_\_

Church Sponsorship Code (If Applicable): \_\_\_\_\_

**Lunch at the Lake/Camp Open House:**  
**Sunday, May 4 from 12:00-2:00pm**

Bring your friends, tour the camp facilities, and register for camp!  
 RSVP: info@ljca.org or call 260-833-2786

2025  
 Summer Camp  
 ANCHORE  
 2 Timothy 3:16-17

Register at [www.ljca.org](http://www.ljca.org)  
 OR scan the QR code

SCAN ME