

# 2026

## CAMP SESSIONS

### MAIN CAMPS

**High School Camp:**  
6/28-7/3; \$300/\$320

**Junior High 1:**  
6/7-6/12; \$300/\$320

**Junior High 2:**  
7/12-7/17; \$300/\$320

**Pre-Teen 1:**  
6/14-6/19; \$300/\$320

**Pre-Teen 2:**  
7/19-7/24; \$300/\$320

**Art Day Camp:**  
7/6; \$55

**1st Chance 1:**  
6/21-6/23; \$185/\$205

**1st Chance 2:**  
6/24-6/26; \$185/\$205

**Jumpstart:**  
7/5-7/6; \$105

**Day Camp 1:**  
6/24; \$45

**Day Camp 2:**  
7/7; \$45

### ADVENTURE CAMPS

**Jr High/High School Boys Fish Camp:**  
6/14-6/18; \$275/\$295

**Pre-Teen Boys Fish Camp:**  
6/7-6/10; \$250/\$270

**Jr. High Girls Wilderness:**  
6/14-6/18; \$325/\$345

**Jr. High Boys Wilderness:**  
7/19-7/24; \$325/\$345

**Pre-Teen Girls Wilderness:**  
6/21-6/23; \$200/\$220

**Pre-Teen Boys Wilderness:**  
6/24-6/26 \$200/\$220

**High School Aquatics:**  
6/28-7/3; \$375/\$395

**Junior High Aquatics:**  
7/12-7/17; \$375/\$395

**Register by May 3 =  
Save \$20 and  
Receive a Free T-  
Shirt!**



www.ljca.org  
info@ljca.org  
(260) 833-2786

## CAMPER/PARENT OR GUARDIAN INFO

Camper Full Name \_\_\_\_\_ M / F  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade in Fall 2026 \_\_\_\_\_  
Is the Camp Immersed (baptized)? Y/N \_\_\_\_\_

### Parent or Legal Guardian(s):

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

**NOTE:** Email addresses will be used to email you information regarding your camper's session and camp updates.

\*Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\*Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OR** Custodial Parent(s): \_\_\_\_\_  
Name & relationship of person registering camper if different than above \_\_\_\_\_

Church You Attend \_\_\_\_\_  
Minister's Name \_\_\_\_\_

### Camp Session Selection

Using a Church Code? Tell us the code: \_\_\_\_\_  
First Camp Session \_\_\_\_\_

Roommate Request(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. \_\_\_\_\_

## FREE T-SHIRT INFO

Must register by May 3 for T-shirt. If deadline is missed, camp shirts are available to purchase in Camp Store.

### Please circle size:

**CHILD:** SM MD LG      **ADULT:** SM MD LG XL 2XL 3XL

## CONSENTS/MEDICAL WAIVER

\*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 Understand Camp Accident Insurance is Secondary.

I will allow my camper to participate in these sports (if No, circle the following activities your camper cannot participate in):  
**YES NO** Air Rifle | Target Archery | Archery Tag

I 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. **YES NO**

I allow the camper named on this registration to be photographed in the GROUP SESSION picture. **YES NO**

\_\_\_\_\_  
\*LEGAL PARENT/GUARDIAN SIGNATURE      DATE

## HEALTH 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 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Health Ins. Co \_\_\_\_\_ ID \_\_\_\_\_ Group# \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Year of last tetanus \_\_\_\_\_ Current on all immunizations? Y/N \_\_\_\_\_  
Please circle any special conditions that apply (please list below any and all allergies):

Allergies	Diabetes	Shortness of breath	Behavioral problems	Nosebleeds	Current Infections/
Depression	Seasonal allergies	Bedwetting	Emotional problems	Heart History	Contagious Disease(s)
Physical limitations	Asthma	Eggarache history	Urinary issues	Bowel Issues	Other (explain below)
Anxiety	Eczema/skin rashes	Sleepwalking	Bleeding history	Menstrual Difficulty	NONE

List FOOD allergies, severity of reaction and management: \_\_\_\_\_

List OTHER allergies, severity of reaction and management: \_\_\_\_\_

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 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.

**MEDICATIONS, list medication name, dosage and frequency:** (continue on additional pages if necessary) \_\_\_\_\_

\*Please list medication(s) you DO NOT want your child to have: \_\_\_\_\_

**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.

## LIABILITY RELEASE AND WAIVER

As a Camper, I am aware in signing this statement for participation in activities at Lake James Christian Assembly (LJCA) that certain activities are physically demanding. Therefore, physical fitness will increase my enjoyment and ability to participate in the activity. If for any reason I question my ability to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered are slipping or falling, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures, or other injuries. Please note that some activities are conducted in the outdoors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. Activities at camp may involve the following shooting sports: archery, archery tag, sling shots, and/or air rifles. Horse camps and activities at the Camp Farm may include horseback riding, horse stable activities, and hayrides. Helmets are MANDATORY while riding horses at the Camp Farm. Aquatics & fishing activities may involve the use of kayaks, canoes, paddleboards, coracles, or motorboats; life jackets are required on all boats. Water skiing, wakeboarding, knee boarding and tubing does involve certain risks. The instructors of the activities will take every reasonable precaution to minimize exposure to known risks, however, as a participant I acknowledge the nature of the activity and the fact that not all the stresses and hazards connected with the activity can be foreseen. I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities.

As a PARENT or LEGAL GUARDIAN of a minor under 18 years of age, I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors, water and sports activities. Knowing the inherent risks, dangers and rigors involved in the activities, as listed above, I certify that my child named below is fully capable of participating in the activities. I assume full responsibility for my child for bodily injury, death, loss of personal property, and expense thereof, as a result of my child participating in the above programs sponsored by Lake James Christian Assembly. I understand that some of these activities may be off-site and give permission for my child to be transported to and from these activities. I authorize LJCA to provide a copy of this form for release purposes to cooperative off-site agencies.

\_\_\_\_\_  
\*LEGAL PARENT/GUARDIAN SIGNATURE      DATE

**\*This registration form must be signed by a Legal Parent or Guardian to be accepted by LJCA**

**LJCC 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. \_\_\_\_\_ Credit Card Mach. \_\_\_\_\_