

REGISTRATION FORM

One registration per camper. Duplicate if necessary. Please print clearly.

Camper Information

Name: _____

Mailing Address: _____

City: _____

Age: _____ Gender: **M** or **F**

Grade entering: _____

School: _____

Food allergies: _____

Emergency contact name: _____

Contact number: _____

Secondary contact name: _____

Secondary phone number: _____

CAMPER AGREEMENT

I agree to cooperate and comply in all areas put forth by the LWCC staff. I understand that any violation may result in dismissal from camp at my own expense.

Camper's signature: _____

PARENT/GUARDIAN AGREEMENT

I agree to support LWCC in their regulations for my child. I consent to examination and treatment of my child by the medical personnel at LWCC. In case of an emergency, I understand every effort will be made to contact me or other contact person(s) I have given. I agree to allow my child to participate in any camp activity operated by the trained staff of LWCC. I also give permission to use photos of my child in camp publicity.

Parent's signature: _____