REGISTRATION FORM

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

Complete Camper Information

Name
Mailing Address
City
State and zip
Email
Grade entering Age @ camp arrival
Gender M or F
Church coming with (if with a group)
Pastor/Youth Pastor's name
I would like to room with: (Only ***one*** request per camper. This does not guarantee you will room with this person.)

Choose Program Options

____**Junior Camp 1** ***(Brackett)*** **June 20-25**

Ages 8-12 **or** entering 3rd-7th grade

____**Teen Camp** ***(Fredericks)*** **June 27-July 2**

Ages 12-18 **or** entering 7th-12th grade

____**Junior Camp 2** ***(Phillips)*** **July 11-16**

Ages 8-12 **or** entering 3rd-7th grade

____**Teen Leadership Camp- July 19-23**

Ages 15+ **or** entering 10th grade and above

Check Financial Options

____ $25 registration fee enclosed **(will be applied to total cost)**

____ Total amount enclosed $_____

____ Other amount enclosed $ _____

***Please do not mail cash. Your cleared check will be your confirmation for proof of registration. Any balance is due upon arrival.**

Please mail to:

Living Water Christian Camp

PO Box 400 Candor, NC 27229

LWCC Office Use Only

Amount paid _____ Amount owed _____

CONSENT FORM

Registration cannot be processed without the signature of the camper's parent or guardian on this release

Check Immunization

____DPT ____MMR ____Typhoid ____Hepatitis ____Whooping cough
_____ Others
Date of last tetanus:
Specific allergies:
Type of reactions:
Current Meds
Dosage
Health/Behavioral limits
Physical limitations

Separately attach a list of activities that the camper should be restricted from and the reasons.

*Do not send medications unless prescribed by a doctor. All medication must be kept in its original labeled container. For the safety of all camp guests, we request that those who knowingly have contagious conditions not attend camp. ***Please do not send campers to camp with fever or who may be experiencing symptoms of any sickness***.

Insurance policy holders name: _____

Insurance company: _____

****Please include a copy of insurance card***

Family physician: _____

Camper Agreement

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

Camper's signature: _____

Parent/Guardian Agreement

I have read the General Information section on the website, and I agree to support LWCC in their dress code and behavioral conduct regulations for my child while at camp. I consent to examination and treatment of my child(ren) through the health service personnel at LWCC. In case of medical emergency, I understand every effort will be made to contact parents/guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct. I also give permission to use photos including the camper in any camp publicity.

Parent's signature _____ Date _____

Print name _____

Contact phone number _____

Secondary phone number _____