

# 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
Gender M or F	
Church coming with (if with a group)	
Pastor/Youth Pastor's name:	
I would like to room with:	
(Only <u>one</u> person per camper. This does not guarantee you will room with this person.	

## Choose Program Options

\_\_\_ Junior Camp 1 (Brackett) June 16-21

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

\_\_\_ Teen Camp (Rabon) June 23-June 28

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

\_\_\_ Junior Camp 2 (Fulp) July 7-12

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

\_\_\_ Teen Leadership Camp July 15-19

Ages 15+ or entering 10th grade and above

## Check Financial Options

\_\_\_ \$25 registration fee enclosed (will be applied to total balance)

\_\_\_ 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  
P.O. 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 list of activities camper should be restricted from and 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 camp publicity.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Contact phone number \_\_\_\_\_

Secondary phone number \_\_\_\_\_