

Cedar Lake Camp: Spring and Fall Camp Registration Form

931-823-5656 cedarlakecamp.org

Please fill out one form per camper and return with payment to: 235 Conatser Lane Livingston TN 38570
MAIL GROUP REGISTRATIONS TOGETHER WITH PAYMENT

OFFICE USE ONLY:

Camp Week: _____ Pay Date: _____
 Method: Check # _____ Credit/Debit _____
 Scholarship Code: \$ _____
 Tshirt size _____
 DC Lunch: Y N _____
 Transportation: Y N _____
Total Paid: _____

Camper's Name _____ Age by camp date _____ Grade Entering _____

Birthdate ____/____/____ Gender **Male** **Female**

Address _____

City, State, Zip _____ County _____

Home Phone _____ *Email: _____

Circle if applicable:
 New Address _____ New Phone _____
 New to CLC _____

Please print email clearly. Your confirmation will be sent to this email address.

Parent/Guardian's Names _____

Parent/Guardian 1: Work Phone: _____ Cell Phone _____

Parent/Guardian 2: Work Phone: _____ Cell Phone _____

Custody: (circle) Mom Dad Both Other _____

Emergency Contact Name, Phone #, Relationship _____

Home Church and Address _____ School _____

How did you hear about us:

___ Friend ___ Church
 ___ Website ___ Radio
 ___ Newspaper ___ Other

Those able to pick up camper other than parents/guardians and Emergency Contact?

(Name, Phone #, Relationship) _____

If you would like us to send a brochure to a friend, please list name and address _____

There are always children who wish to come to camp but cannot afford it. If you would like to help another child with their camp fee you may. The money will be directly used to pay for all or part of another child's camp experience. No gift is too small.

Please enclose separate check designating scholarship donation. Gifts to Cedar Lake Camp are tax deductible

Extras: Payment due with registration (circle)

Tshirt: \$12 **Baseball Cap:** \$10 **Sunglasses:** \$2 **Carabiner:** \$3 **Water Bottle:** \$10 **Frisbee:** \$5

Scholarship Donation: \$ _____

Amount Owed:

Camp fee: Full payment \$125 _____ OR Reg. Fee \$60 _____ Total: _____

Extras: _____ Tshirt size: YM YL AS AM AL AXL Total: _____

Day Camp Lunch: (circle) Y N No Charge

Transportation: (circle) Y N No Charge

Scholarship Donation: Total: _____

Camp Scholarships (application required) Code: _____ \$ _____ Total: _____

Payment Method: Check # _____ Credit or Debit _____ **GRAND TOTAL:** _____

Name on Card: _____ **Card #:** _____ **Security Code:** _____ **Exp:** _____

This registration serves as written consent for the Children's Gospel Hour/ Cedar Lake Camp to utilize your child's image for the promotion of Cedar Lake Camp. This consent extends to print, digital, and video media.

PLEASE BRING THIS FORM WITH YOU TO REGISTRATION OR MAIL TO:



235 Conatser Lane Livingston TN 38570

Health Information Form

MUST BE COMPLETED BY PARENT/GUARDIAN

My child is attending: (circle each camp that your child will be attending)

Resident Day Canoe Fall Camp Spring Camp

Camper's Name:	Date of Birth:	Age at time of camp:
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Parent/Guardian Contact Information: List in order of contact in case of emergency

Name:	Relationship:	Phone 1:	Phone 2:

Name:	Relationship:	Phone 1:	Phone 2:

Secondary Emergency Contact Information (other than parent/guardian)

Name and Relationship:	
Phone:	Alternate phone:

Health Insurance Information (can also attach copy of insurance card)

Policy Holder's Name: _____	Work Phone _____	Cell Phone: _____
Health Insurance Co. _____	Policy Number: _____	Group# _____
Ins. Co. Address: _____	Phone _____	

IN CASE OF EMERGENCY, I understand every effort will be made to contact a parent or guardian. In the event one cannot be reached, I hereby give permission to the physician selected by the Camp Staff to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child as named above. By signing below, I/We understand that this document and the attached medical details form shall be kept on file for reference at CLC and used by medical personnel for the treatment of my child. I am also giving permission for my child to attend camp and participate in all activities including off site.

Parent/Guardian Signature: _____ **Date Signed:** _____

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Parent/Guardian Printed Name: _____

Medical Details Form

Please initial _____

I/We authorize CLC to deal with minor issues as follows: (circle Y or N)

Y/N Minor Cuts, Scrapes, Infections (poison ivy, oak, etc) using over the counter medications and supplies

Y/N Headaches, low grade fevers

Preferred Medications: _____ Parent Provided? _____

Y/N Stomach Aches, Diarrhea, Mild Vomitting, etc.

Preferred Medications: _____ Parent Provided? _____

For the health and safety of all, we request that campers with a communicable disease not be sent to camp. We appreciate your cooperation and understanding in this matter of public health.

Allergies: Please list all allergies, type of reaction and severity, treatment, medication, dosage and frequency. **Food allergies:** We do not individualize meal plans for food allergies. To ensure that your child is eating properly please send approved foods along with a written meal plan to give to the camp nurse.

<u>Allergies:</u>	<u>Reaction/Severity</u>	<u>Treatment/Medication</u>	<u>Dosage/Frequency</u>
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____

Is your child able/allowed to self-medicate? **Yes or No** Does your child suffer from Anaphylaxis? **Yes or No**

Does your child use an epipen? **Yes or No** Person responsible for epipen at camp? Camper Nurse Counselor

Does your child use an inhaler? **Yes or No** Person responsible for inhale at camp? Camper Nurse Counselor

Medications: List any other medications your child is currently taking or you are providing along with dosage schedule and instructions for use. **ALL MEDICATIONS (unless otherwise noted) INCLUDING THOSE LISTED ABOVE MUST BE CLEARLY LABELED AND TURNED INTO THE NURSE AT THE BEGINNING OF THE CAMP WEEK.**

<u>Medications:</u>	<u>Uses:</u>	<u>Dosage Schedule</u>	<u>Other instructions:</u>
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____

Other notes, concerns, instructions: Please attach a separate sheet if necessary

Participant

Name/Names: _____

Cedar Lake Camp Injury/Liability/Participation Waiver

1. I give my permission for my child to participate in recreation, swimming, and learning activities, and be bound by all camp policies in force.
2. I give permission for my child to participate in the full range of camp activities and acknowledge the natural condition of the camp and the interactions with other children of various ages may subject my child to risk of injury on and off the camp premises.
3. I therefore indemnify, defend, and hold harmless the ministry for any injuries or damages that result from the camp's activities. I release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Cedar Lake Camp, its staff, management, faculty, volunteers, or officers liable. Further I waive any and all claims or causes of action against the foregoing parties which may arise as a result of an accident or an injury to my child at Cedar Lake Camp.
4. In case of emergency, I hereby give permission to the physician selected by the camp management or medical staff to secure proper treatment for my child as named on this form. Doctor calls, treatment or hospitalization are to be charged to our family insurance.
5. I understand Cedar Lake Camp and its staff should not be held responsible for any articles lost, stolen, or left at camp.
6. I give my permission to leave camp grounds for various service or fun related activities under the supervision of an adult staff member. I will not hold Cedar Lake Camp responsible for any injuries that may occur while away from the camp.
7. By registering my child in the programs at Cedar Lake Camp, I give my consent for the camp to use my child's photograph in camp promotion and publicity.

Parent/Guardian Signature (in case of minors): _____

Parent/Guardian Printed Name: _____ Date: _____

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