

# Cedar Lake Camp: Summer 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 \_\_\_\_\_  
 Other discounts: MS MW \_\_\_\_\_  
 Group Name/Code: \_\_\_\_\_  
 Scholarship Code: \$ \_\_\_\_\_  
 Tshirt size: \_\_\_\_\_ Free shirt: \_\_\_\_\_  
 DC Lunch: 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: \_\_\_\_\_

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

Parent's Names \_\_\_\_\_ **Custody:** Mom Dad Both

Mom's Work Phone: \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Emergency Contact Name, Phone #, Relationship \_\_\_\_\_

Home Church and Address \_\_\_\_\_ School \_\_\_\_\_

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

(Name, Phone #, Relationship) \_\_\_\_\_

**Circle if applicable:**

New Address \_\_\_\_\_ New Phone \_\_\_\_\_  
 New to CLC \_\_\_\_\_

**How did you hear about us:**

\_\_\_\_ Friend \_\_\_\_ Church  
 \_\_\_\_ Website \_\_\_\_ Radio  
 \_\_\_\_ Newspaper \_\_\_\_ Other

Cabin Mate Request: **Limit to 1 request per camper.** Every effort will be made to accommodate requests, however no guarantees can be given. (Cabin mates must be same gender & within a year of age or grade) (Please send registrations at the same time)

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

**Please circle the program your child will be attending (Min. Dep. is deducted from total fees)**

Resident Camp-Ages 8-14			Day Camp-Ages 5-10			Canoe Camp-Ages 13-21		
Date	Cost	Min. Dep.	Date	Cost includes lunch	Min. Deposit	Date	Cost	Min. Dep.
6/2-6/8	\$395	\$180	6/3-6/7	\$140	\$80	6/30-7/6	\$395	\$180
6/9-6/15	\$395	\$180	6/11-6/14	\$140	\$80			
6/16-6/22	\$395	\$180	6/17-6/21	\$140	\$80			
7/7-7/13	\$395	\$180	7/8-7/12	\$140	\$80			
7/14-7/20	\$395	\$180	7/15-7/19	\$140	\$80			

**Extras: Payment due with registration (circle)**

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

**Discounts: Resident Camp Only**

**FREE Tshirt for ALL Resident Campers** →  
 Please provide tshirt size \_\_\_\_\_

Multi-Sibling **OR** Multi-Week (choose one)--\$25  
 Multi-sibling applies to each add'l sibling after first child's registration  
**Cannot be combined with other discounts**

Group Discount: **10% off each camper**  
 10 or more Resident Campers  
**Group Code Required**  
**Cannot be combined with other discounts**

**Amount Owed:**

**Camp fee:** Full payment \$ \_\_\_\_\_ OR Min. Dep. \$ \_\_\_\_\_    Total: \_\_\_\_\_

**Extras:** \$ \_\_\_\_\_    Tshirt size: YM YL AS AM AL AXL    Total: \_\_\_\_\_

**Day Camp Lunch:**    Total: \_\_\_\_\_

**Scholarship Donation:**    Total: \_\_\_\_\_

**RC Discounts:** Multi-Week or Multi-Sibling (choice of one)    Total: \_\_\_\_\_

**Group Discount (code required)** Code: \_\_\_\_\_    Total: \_\_\_\_\_

**Camp Scholarships** (application required) Code: \_\_\_\_\_ \$ \_\_\_\_\_    Total: \_\_\_\_\_

**Payment Method:** Check # \_\_\_\_\_ Credit or Debit    **GRAND TOTAL:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_    **Card # and Type:** \_\_\_\_\_    **Exp:** \_\_\_\_\_    **CVV code:** \_\_\_\_\_

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 _____	
Doctor Name and Phone Number: _____		

**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:** \_\_\_\_\_

**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 Vomiting, 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. _____

Additional Notes or Comments: please use a separate sheet of paper 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: \_\_\_\_\_