

SUMMER 2017 REGISTRATION

You can register online at www.lakeanncamp.com



CAMPER INFORMATION

Male Female

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ Zip _____

Birthdate (Day/Month/Year) _____ Grade entering Fall 2017 _____ *Cabin Mate Request (*Two requests per camper, not all requests are guaranteed) _____

Church (please list the church you are attending camp with) _____ Church City _____

Are you a returning camper? Yes No How did you hear about Lake Ann? _____

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian 1: Full Name _____ Relationship to Camper _____ Work Phone _____ Personal Phone _____

Parent/Legal Guardian 2: Full Name _____ Relationship to Camper _____ Work Phone _____ Personal Phone _____

Parent/Legal Guardian Email 1: _____ Parent/Legal Guardian Email 2: _____

HEALTH INFORMATION **ALL INFORMATION MUST BE FILLED OUT.**

Please attach a copy of both sides of your insurance card.

Family Doctor _____ Phone _____

Insurance Company _____ Policy Number _____ Group Number _____

Please list any current conditions, infectious diseases and past medical treatments _____

Please list any camp activity camper should be exempt for health _____

Please list any physical, mental, or psychological conditions requiring medication, treatment, special restrictions or consideration while at camp _____

Is your child current on immunizations? Yes No Date of last Tetanus shot _____

If your child's immunizations are not up-to-date, please download and sign the Exemption from Immunization waiver on our website.

*Please list camper's current medication and instructions (prescribed and over the counter). ***Medications sent to camp must be in original container**

Please list camper's allergies _____ Does your child require an EpiPen? _____

Please specify any other medical concerns for your child _____

Please list any diet restrictions _____

On the rare occasion that a camper must be transported to the hospital, parents will be notified as soon as possible.

PROGRAM INFORMATION PLEASE SELECT THE PROGRAM AND DATE REQUESTED BELOW

WEEK/DATES	JUNIORS <small>(entering 4th-5th grade)</small>	JUMP START <small>(entering 6th grade)</small>	JUNIOR HIGH <small>(entering 7th-8th grade)</small>	FRESH START <small>(entering 9th grade)</small>	SENIOR HIGH <small>(entering 9th-12th grade)</small>	REBORNE RANGERS <small>(invitation only)</small>
<i>2017 Registration Prices</i>						
#1: 6/19 - 6/24	<input type="checkbox"/> \$395	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	
#2: 6/26 - 7/1	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$455	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485	
#3: 7/3 - 7/8	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$455	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485	<input type="checkbox"/> \$535
#4: 7/10 - 7/15	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$455	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485	<input type="checkbox"/> \$535
#5: 7/17 - 7/22	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$455	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485	
#6: 7/24 - 7/29	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$455	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485	
#7: 7/31 - 8/5	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$455	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485	
#8: 8/7 - 8/12	<input type="checkbox"/> \$395	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	

PAYMENT INFORMATION

SAVE! With our Family Friendly Discount: subtract \$75 for child #3 and \$125 for all additional children! (Child #1 and #2 are full price)

Check Visa Mastercard Amex Discover

_____ Card Number

_____ Exp. Date

_____ 3-Digit Security Code

COST OF CAMP (see chart above)	\$
SUMMER DVD PRE-ORDER (\$16)	\$
CAMPER EMAIL (\$3 for 10 emails)	\$
EARLY EARLY BIRD DISCOUNT <input type="checkbox"/> \$20 off by December 31	-\$
EARLY BIRD DISCOUNT <input type="checkbox"/> \$10 off by March 15	-\$
FAMILY FRIENDLY DISCOUNT Child # _____	-\$
DEPOSIT AMOUNT <input type="checkbox"/> \$100 by December 31 <input type="checkbox"/> \$125 after 12/31/16	-\$
TOTAL	\$
AMOUNT ENCLOSED (Deposit required to reserve)	-\$
BALANCE DUE (Due two weeks before arrival)	\$

SECURITY INFORMATION **I AUTHORIZE MY CHILD TO BE PICKED UP BY THE FOLLOWING INDIVIDUALS:**

Specific names required, including parent/guardian and/or church. Individuals listed must show Photo ID before camper will be released - any changes must be authorized by parent/guardian in writing.

Please release my child to _____

In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel. The camp carries secondary accident insurance which means all claims must be submitted to the parents insurance carrier first, then the unpaid balance will be submitted to our carrier for consideration. I understand that Lake Ann will not release my camper to anyone without written permission. I certify the above child has my permission to attend camp and participate in all activities. I also realize that my campers' picture or testimony may be used in the promotion of the camp. My child may receive email from Lake Ann Camp and Retreat Center. If you wish to refuse treatment for religious or other reasons, please contact our office immediately.

Signature of Parent or Guardian

Date