SUMMER 2018 REGISTRATION

Please list any diet restrictions (We are unable to accomadate for dietary preferences)

You can register online at www.lakeanncamp.com



CAMPER INFORMATION

Last Name	First Name	1	Middle Name	
Mailing Address	City		State	Zip
Birthdate (Day/Month/Year)	Grade entering Fall 2018	*Cabin Mate	Request (*Two requests per cam	per, not all requests are guaranteed)
Church (please list the church you are	attending camp with)			Church City
Are you a returning camper? Yes		ow did you hear about Lak	e Ann?	*
PARENT/GUARD	IAN INFORM	ATION		
Parent/Legal Guardian 1:Full Name	Relati	onship to Camper	Work Phone	Personal Phone
Parent/Legal Guardian 2: Full Name	Relati	onship to Camper	Work Phone	Personal Phone
 Parent/Legal Guardian Email I:		Parent/Leg	al Guardian Email 2:	
Please attach a copy of both sides Family Doctor		Phone		
Insurance Company	Policy	Number	Group Nur	nber
Please list any current conditions, infe	ectious diseases and past medi	cal treatments		
Please list any camp activity camper s	should be exempt for health			
Please list any physical, mental, or psy	rchological conditions requiring	g medication, treatment, sp	ecial restrictions or consideration	on while at camp
ls your child current on immuniza If your child's imn		te, please download and		stTetanus shot nunization waiver on our website
*Please list camper's current medic	ation and instructions (presc	ribed and over the counte	r).*Medications sent to cam	must be in original container
Please list camper's allergies	s		Does your child requ	uire an EpiPen?
Please specify any other medical co	oncerns for your child			

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 entering 4th-5th grade	JUMP START entering 6 th grade	JUNIOR HIGH entering 7th-8th grade	FRESH START entering 9th grade	SENIOR HIGH entering 9th-12th grade 2018 HS graduates welcome	REBORNE RANGERS invitation only
2018 Early Registration Prices (2018 regular registration rates shown in brackets.) Early Registration ends September 6, 2017.						
# 1: 6/18 - 6/23	□ \$395 (\$399)	□ \$415 (\$419)	□ \$435 (\$439)	□ \$465 (\$469)	□ \$465 (\$469)	
# 2 : 6/25 - 6/30	□ \$415 (\$429)	□ \$435 (\$449)	□ \$455 (\$469)	□ \$485 (\$499)	□ \$485 (\$499)	
# 3 : 7/2 - 7/7	□ \$415 (\$429)	□ \$435 (\$449)	□ \$455 (\$469)	□ \$485 (\$499)	□ \$485 (\$499)	
# 4 : 7/9 - 7/14	□ \$415 (\$429)	□ \$435 (\$449)	□ \$455 (\$469)	□ \$485 (\$499)	□ \$485 (\$499)	□ \$535 (\$579)
# 5 : 7/16 - 7/21	□ \$415 (\$429)	□ \$435 (\$449)	□ \$455 (\$469)	□ \$485 (\$499)	□ \$485 (\$499)	□ \$535 (\$579)
# 6 : 7/23 - 7/28	□ \$415 (\$429)	□ \$435 (\$449)	□ \$455 (\$469)	□ \$485 (\$499)	□ \$485 (\$499)	
# 1 : 7/30 - 8/4	□ \$415 (\$429)	□ \$435 (\$449)	□ \$455 (\$469)	□ \$485 (\$499)	□ \$485 (\$499)	
# 8 : 8/6 - 8/11	□ \$395 (\$399)	□ \$415 (\$419)	□ \$435 (\$439)	□ \$465 (\$469)	□ \$465 (\$469)	

SAVE! With our Family F	riendly Discount: subtract \$75 for	child #3 and \$125 for all a	dditional children! (Child #1	and #2 are full price)
☐Check ☐Cred	lit Card Card Number		Exp. Date	3-Digit Security Code
COST OF CAMP (see ch	art above)			\$
SUMMER DVD PRE-ORI	DER (\$16)			\$
CAMPER EMAIL (\$3 for 10 emails)			\$	
EARLY EARLY BIRD DISCOUNT □ \$20 off by December 31			-\$	
EARLY BIRD DISCOUNT ☐ \$10 off by March 15			-\$	
FAMILY FRIENDLY DISC	DUNT Child #			-\$
DEPOSIT AMOUNT	□ \$0 by 9/6/17 □ \$75 by 11/30/17	□ \$25 by 9/30/17 □ \$100 by 12/31/17	□ \$50 by 10/31/17 □ \$125 after 12/31/17	-\$
TOTAL				\$
AMOUNT ENCLOSED (Deposit required to reserve)			-\$	
BALANCE DUE (Due two weeks before arrival)			\$	
AMOUNT ENCLOSED (D	-\$			

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.

In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel, to include the administration of over-the-counter medication, as needed. I understand that on the rare occasion that my child must be transported to the hospital, I will be notified as soon as possible. Lake Ann Camp's philosophy of health management is to treat each sick or injured camper in the same way we would care for our own child. The camp carries secondary accident insurance which means all claims must be submitted to the parents' insurance carrier first, and then the unpaid balance will be submitted to our carrier for consideration. I understand that Lake Ann Camp 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 emails from Lake Ann Camp and Retreat Center. Important notice: If, for religious or other reasons you cannot sign this form, contact the camp for legal wavier which must be signed for attendance.

Signature of Parent or Guardian Date