

# SUMMER 2019 REGISTRATION

You can register online at [www.lakeanncamp.com](http://www.lakeanncamp.com)



## CAMPER INFORMATION

Male    Female

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Birthdate (Day/Month/Year) \_\_\_\_\_ Grade entering Fall 2019 \_\_\_\_\_ \*Cabin Mate Request (\*Two requests per camper, not all requests are guaranteed) \_\_\_\_\_

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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

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

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

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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.

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Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

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

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Please list any camp activity camper should be exempt for health \_\_\_\_\_

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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.*

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

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

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Please specify any other medical concerns for your child \_\_\_\_\_

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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 4<sup>th</sup>-5<sup>th</sup> grade)</small>	JUMP START <small>(entering 6<sup>th</sup> grade)</small>	JUNIOR HIGH <small>(entering 7<sup>th</sup>-8<sup>th</sup> grade)</small>	FRESH START <small>(entering 9<sup>th</sup> grade)</small>	SENIOR HIGH <small>(entering 9<sup>th</sup>-12<sup>th</sup> grade)</small>	REBORNE RANGERS <small>(invitation only)</small>
<i>2019 Early Registration Prices (2019 regular registration rates shown in brackets.)</i>						
#1: 6/17 - 6/22	<input type="checkbox"/> \$379 (\$399)	<input type="checkbox"/> \$419 (\$419)	<input type="checkbox"/> \$439 (\$439)	<input type="checkbox"/> \$499 (\$469)	<input type="checkbox"/> \$469 (\$469)	
#2: 6/24 - 6/29	<input type="checkbox"/> \$429 (\$429)	<input type="checkbox"/> \$455 (\$449)	<input type="checkbox"/> \$475 (\$469)	<input type="checkbox"/> \$499 (\$499)	<input type="checkbox"/> \$499 (\$499)	
#3: 7/1 - 7/6	<input type="checkbox"/> \$439 (\$429)	<input type="checkbox"/> \$459 (\$449)	<input type="checkbox"/> \$475 (\$469)	<input type="checkbox"/> \$509 (\$499)	<input type="checkbox"/> \$509 (\$499)	<input type="checkbox"/> \$585 (\$579)
#4: 7/8 - 7/13	<input type="checkbox"/> \$439 (\$429)	<input type="checkbox"/> \$459 (\$449)	<input type="checkbox"/> \$475 (\$469)	<input type="checkbox"/> \$509 (\$499)	<input type="checkbox"/> \$509 (\$499)	<input type="checkbox"/> \$585 (\$579)
#5: 7/15 - 7/20	<input type="checkbox"/> \$439 (\$429)	<input type="checkbox"/> \$459 (\$449)	<input type="checkbox"/> \$475 (\$469)	<input type="checkbox"/> \$509 (\$499)	<input type="checkbox"/> \$509 (\$499)	
#6: 7/22 - 7/27	<input type="checkbox"/> \$439 (\$429)	<input type="checkbox"/> \$459 (\$449)	<input type="checkbox"/> \$475 (\$469)	<input type="checkbox"/> \$509 (\$499)	<input type="checkbox"/> \$509 (\$499)	
#7: 7/29 - 8/3	<input type="checkbox"/> \$439 (\$429)	<input type="checkbox"/> \$459 (\$449)	<input type="checkbox"/> \$475 (\$469)	<input type="checkbox"/> \$509 (\$499)	<input type="checkbox"/> \$509 (\$499)	
#8: 8/5 - 8/10	<input type="checkbox"/> \$429 (\$399)	<input type="checkbox"/> \$455 (\$419)	<input type="checkbox"/> \$475 (\$439)	<input type="checkbox"/> \$499 (\$469)	<input type="checkbox"/> \$499 (\$469)	

## 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

<b>COST OF CAMP</b> (see chart above)	\$
<b>SUMMER DVD PRE-ORDER</b> (\$16)	\$
<b>CAMPER EMAIL</b> (\$3 for 10 emails)	\$
<b>EARLY EARLY BIRD DISCOUNT</b> <input type="checkbox"/> \$20 off by December 31 PLEASE SELECT THIS OPTION FOR 2019 EARLY REGISTRATION	-\$20
<b>EARLY BIRD DISCOUNT</b> <input type="checkbox"/> \$10 off by March 15	-\$
<b>FAMILY FRIENDLY DISCOUNT</b> Child #	-\$
<b>DEPOSIT</b> <input type="checkbox"/> \$0 by 9/6/18 <input type="checkbox"/> \$25 by 9/30/18 <input type="checkbox"/> \$50 by 10/31/18 <input type="checkbox"/> \$75 by 11/30/18 <input type="checkbox"/> \$100 by 12/31/18 <input type="checkbox"/> \$125 after 12/31/18	-\$
<b>TOTAL</b>	<b>\$</b>
<b>AMOUNT ENCLOSED</b> (Deposit required to reserve)	-\$
<b>BALANCE DUE</b> (Due two weeks before arrival)	<b>\$</b>

## 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 (if parents will be picking up their camper, please list parents names)*

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, 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. Importance notice: if, for religious or other reasons you cannot sign this form, contact the camp for legal waiver which must be signed for attendance.  I would like to opt out of receiving information from Cedarville University.

Signature of Parent or Guardian

Date