

2011 Registration & Health Form

Please complete both sides of this form .

Camper Information

Camper Name _____

Date of Birth _____ Grade this fall _____ Gender (circle one) **M / F**

Camper Email (Jr. High age and older) _____

Member Church _____ Immersed (circle one) **Y / N**

Sponsor Church _____

I am a first-time camper at LaMoine, and I was signed up by:

Friend's Name _____ Friend's Church _____

Parent/Guardian

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone (Name _____) _____

Cell Phone (Name _____) _____ Cell Phone (Name _____) _____

Other Parent (if separate household) _____ Other Parent Phone _____

I would like to volunteer for a session of camp. I am available for these sessions: _____ Name: _____

Select A Camp

- Day Camp 1 (July 2)
- Day Camp 2 (July 23)
- Overnights 1 (June 24–25)
- Overnights 2 (July 8–9)
- 1st Chance (July 5–8)
- Junior 1 (June 26–July 1)
- Junior 2 (July 17–22)
- Junior High 1 (July 10–15)
- Junior High 2 (July 24–29)
- Niners (June 19–24)
- High Teen (June 12–17)

Office Use Only

Date: ____/____/____ \$ _____ Ck#: _____

Date: ____/____/____ \$ _____ Ck#: _____

Faculty No Show

Parent or guardian signature required.

Medical Information

Doctor _____ Phone _____

Public Aid Recipient. **Send a copy of card to camp with child.**

Last Tetanus Booster: _____

Child is susceptible to:

Diabetes Asthma Seizures Hay Fever

Child is allergic to:

Poison Ivy Mosquitoes Bees Penicillin

Allowed Medicine for Pain Relief

Tylenol Ibuprofen None Other: _____

ALL MEDICINE MUST BE LEFT WITH AND DISPENSED BY THE CAMP'S FIRST-AID ATTENDANT

Other relevant health information

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child as named on this card. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold LaMoine Christian Service Camp or its staff members, management, or officers liable unless guilty of negligence.

- I hereby give permission for my child to take part in all recreational and swimming activities.
- I hereby give permission for any photos taken during camp to be used for promotional purposes.
- I have read and agree to be bound by all camp policies in force.

Parent/Guardian Signature

Insurance Information

LaMoine Christian Service Camp provides a co-insurance program for all participants. This modest accident policy is secondary to the camper family coverage for camp related accidents only. Parents should list their Insurance Company and policy number below.

Health Insurance Co. _____ Policy # _____

Please send **one form** for each camper and each session you attend!
Additional forms can be downloaded at www.lamoinecamp.org

Mail completed form to:
LaMoine Christian Service Camp
2760 E. County Road 1600
Tennessee, IL 62374

