

Camp Lor-Ray 2012 [7th-9th Grade] Camp Registration Form

July 22 at 3:00pm to July 27 at 9:00pm

Name _____ Male Female

Grade Entering _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Cell #: _____

Home #: _____

Email: _____

Home Church _____ Synod _____

Church City/State _____

Friend's Name & Address you are bringing*: (4th-9th sessions only; they must also fill out an entire form)

T-shirt size (adult sizes)

sm med lg xlg xxlg

T-shirt size (youth sizes)

sm med lg

Parent's signature _____

Pastor's signature _____

Early bird special before April 15: \$175

After April 15: \$200

2nd Camper in immediate family (during this same week only): \$150

***If you bring a friend (non-family member, one per family) who has never been to camp before for these two weeks only you may deduct an additional \$25 off of your fee!**

Check Enclosed? Yes No

Make check payable to: **Camp Lor-Ray Association**

All forms and full payment must be received by June 15th, 2012.

No refunds after July 1st, 2012.

Return form & check to:

**Kenneth Nolte, Kids' Camp Superintendent,
404 East Glenlord Road, St. Joseph, MI 49085.
Phone: (269) 429-4941 or 429-0095; FAX: (269) 429-5384**

Camper Health History Record

Rule 127.2

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Cell #: _____ Home #: _____

Current Health Issues and History

List any special conditions such as bedwetting, fainting, sleep walking, or allergies the camper has:

Does camper have any health, behavioral or emotional problems, or infectious diseases? Yes No If yes, please list:

Should the camper's activity be restricted because of any physical reason?

Yes No If yes, explain:

List any medications camper takes. Send any medicine in original container and only the amount needed for the week. (If your child arrives with a communicable disease, i.e. head lice, stomach flu, strep throat, pink eye. They will not be allowed to remain at camp until a doctor or health clinic has released them.)

Name of Medication _____

Frequency _____ Dosage _____

NOTE: ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER.

Check if nurse is allowed to give your child Tylenol or _____ for pain relief.

Immunization Record

Immunizations are up to date: Yes No If No, explain:

Tetanus shot date (if known) _____ (If no date is known or if shot has expired, the camper will probably receive a shot if deemed necessary.)

I certify that this information is true to the best of my knowledge.

Parent/Guardian Signature _____

AUTHORIZATION RELEASE

Name of Camper _____ Male Female

Grade Entering _____ Age _____ is hereby given permission to leave

Camp Lor- Ray with any of the following persons at the time of camper pick-up:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Pick up from camp will be **after skits and closing devotion on Friday*** at approximately 9:00 p.m. Parents are strongly encouraged to attend skits and closing devotion. All medication should be picked up from the nurse at the time of departure.

Vehicle in which camper is picked up (make and model of vehicle):

Date and time camper is to be released **if other than Friday** after the closing devotion: _____

*No child will be released from camp before the closing devotion without this authorization. Special arrangements may be made 24 hours in advance by consulting with the Camp Director

TO BE FILLED OUT WHEN CAMPER IS RELEASED FROM CAMP

_____ Has been released

from Camp Lor-Ray to _____
(name of adult to which camper is released)

on _____, at _____
(date) (time of day)

Signature _____

PARENTAL CONSENT

I give permission for my child, or ward to attend Camp Lor-Ray from _____ to _____, 2012 (dates of camp)

- In granting this permission, I assume full responsibility for any damages to person(s) or property caused by my child or ward.
- I further agree that in the event of behavior which would warrant dismissal of my child or ward from camp, I will arrange to have my child or ward picked up or assume responsibility for any expenses incurred in returning my child or ward to me.
- I further give permission for any emergency medical and surgical treatment if there is insufficient time to contact me. I also consent to routine, non-surgical medical care. I also consent to having my child or ward transported by a designated vehicle to and from any hospital or clinic deemed necessary.
- I give permission for the nurse to take pictures of any wounds the camper has upon arrival at camp and wounds that are incurred at camp.

(If this consent form is signed by one of two parents or guardians, it is with authority of the other.)

HIGH ADVENTURE CONSENT

I hereby give permission for my child or ward named below to participate in the following High Adventure Activities.

Parents: Initial each activity you agree to let your child participate in.

____ **Aquatics/Swimming/Snorkeling**

____ **Watercrafts/Canoeing**

____ **Fishing**

____ **Shooting (Bow & Arrow, BB Guns)**

____ **Off Campus Activity (only for 7th-9th & teen Retreat)**

Parent/Guardian Signature _____ Date _____

Cell #: _____ Home #: _____

Photo Release

I agree to allow photographs, video, and interviews, which may be used in the promotion of Camp Lor-Ray, to be taken during the Camp session.

Parent/Guardian Signature _____