

<b>WEEK/DATES</b>	<b>JUNIORS</b> (entering 4 <sup>th</sup> -5 <sup>th</sup> grade)	<b>JUMP START</b> (entering 6 <sup>th</sup> grade)	<b>JUNIOR HIGH</b> (entering 7 <sup>th</sup> -8 <sup>th</sup> grade)	<b>FRESH START</b> (entering 9 <sup>th</sup> grade)	<b>SENIOR HIGH</b> (entering 9 <sup>th</sup> -12 <sup>th</sup> grade)
<i>2017 Registration Prices (locked in for first 100 campers of 2018)</i>					
#7 – 7/30 – 8/4	<input type="checkbox"/> \$415	<input type="checkbox"/> \$435	<input type="checkbox"/> \$445	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485

## 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)

<b>COST OF CAMP</b> (see chart above)	\$
<b>SUMMER DVD PRE-ORDER</b> (\$15 – 2017 price)	\$
<b>CAMPER EMAIL</b> (\$3 for 10 emails)	\$
<b>EARLY EARLY BIRD DISCOUNT</b> <input type="checkbox"/> \$20 off by December 31	-\$
<b>EARLY BIRD DISCOUNT</b> <input type="checkbox"/> \$10 off by March 15	-\$
<b>FAMILY FRIENDLY DISCOUNT</b> Child #	-\$
<b>DEPOSIT AMOUNT</b> <input type="checkbox"/> \$150	-\$
<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

\_\_\_\_\_  
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

# SUMMER 2018 REGISTRATION



## 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 2018 \_\_\_\_\_ \*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.*