



Camp Location	Colonial Park UMC
Camp Date	July 7-9

\$75 per child
Scholarships available

Camper Information

First Name: _____ Last Name: _____

Entering Grade: _____ Age: _____ Gender: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Church: _____

Medical Information

Allergies/Adverse Reactions:

No known allergies: _____

Allergies not listed: _____ (attach any additional allergies you feel we need to be aware of)

Food: Peanut: _____ Tree Nut: _____ Wheat: _____ Milk/Lactose: _____

Environmental: Insect Sting: _____ Type: _____

Medications: Antibiotic: _____ Type: _____

NSAIDs: _____ Tylenol/Acetaminophen: _____ Other: _____

Reaction: _____

List any medicine and dosage the camper will be on while at DayShore:

List any past or present medical conditions we should be aware of:

Insurance: (include a front and back copy of the most recent insurance card)

Member Name: _____

Member ID: _____ Group #: _____

Guardian Information

Primary Guardian *(Will automatically be given permission to pick up camper unless noted)*

Name: _____ Relationship: _____

Primary Phone #: (____) _____ Alternate #: (____) _____

Email: _____ Address Same as camper

If not same address: _____

Emergency Contact *(Other than Primary Guardian)*

Name: _____ Relationship: _____

Primary Phone #: (____) _____ Permission to Pick-up

Name: _____ Relationship: _____

Primary Phone #: (____) _____ Permission to Pick-up

Pick Up List

List any other people who have permission to pick up the camper from camp. If someone is not on this list, and the camp is not notified, the camper will not be allowed to leave with that person. All people picking up must show I.D. at check-out table.

Name	Contact	Relationship
1. _____	(____) _____	_____
2. _____	(____) _____	_____
3. _____	(____) _____	_____

I, the undersigned, give my consent that, in the event that my child (or myself) is injured or takes ill while participating in an activity related to the camp of Lakeshore Camp and Retreat Center, and in the event that my child (or I) cannot answer for themselves (myself) and the primary guardian cannot be reached to give instructions in regards to the medical care and treatment of child, reasonable medical care and treatment can be administered to my child (or myself) as deemed necessary by a licensed physician/registered nurse. I agree to hold all persons making such decisions free and harmless of any claims, demands, or suits for damages arising from the giving of such consent, as long as treatment is administered by or under the supervision of a licensed physician. I also give my consent for any Lakeshore 1st Aid personnel to give prescribed medication per written instructions. I further agree to pay for any medical treatment which is not covered by medical insurance. I understand that Lakeshore Camp & Retreat Center's insurance covers only accidents, not illnesses and provides **secondary** insurance coverage only. I also consent to the use of my child's or my image or voice taken during the course of this camp for any or all of the following: photographs, audio and/or video recording, Lakeshore's website, and camp brochures for the purpose of publicizing the programs of Lakeshore Camp and Retreat Center. I also agree that I will be held financially accountable for any damage purposely done to any of DayShore site property or equipment by the above-named child or myself.

Signature of Guardian

Date
