

# SUMMER 2017 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 2017 \_\_\_\_\_ \*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.*

